

Kaleidoscope Preschool Registration
2009-2010

Child's Name: _____ **Month of:** _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

1 day per week \$40.00 per month

2 days per week \$80.00 per month

3 days per week \$120.00 per month

4 days per week \$160.00 per month

5 days per week \$200.00 per month

There is a yearly Registration fee of \$50.00.

TOTAL DUE: _____

1. Payment is due the first week of the month.
2. Preschool schedule must be submitted upon enrollment. Any changes in schedule must be submitted on a new schedule.
3. No drop in attendance at preschool classes.
4. Must pay entire month's fee **even is your child is absent or on vacation.**
5. Non-compliance of any of the above policies may result in your child's slot being filled by someone on our waiting list.

Signature: _____

Date: _____

Parent/Guardian Signature

Kaleidoscope Preschool Registration
Enrollment Information 2009-2010

CHILD'S FULL NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

GENDER OF CHILD: M _____ F _____

CHILD'S BIRTH DATE: _____

DAYTIME PHONE NUMBER: _____

EVENING PHONE NUMBER: _____

CELL PHONE NUMBER: _____

CHECKLIST FOR CHILD'S FILE:

Birth Certificate _____

Emergency Card _____

Immunizations _____

Physical Form _____

Sack Lunch Form _____

Video/Photo Form _____