

APPLICATION FOR KINDERGARTEN:

Date _____

Child's Name _____ Sex M _____ F _____
Last First M.I.

Name Used at Home _____ Birth Date _____
Mo./Day/Year

Address _____
Street Number City Zip

Home Telephone _____ Cell Phone-Mom _____ Dad _____

Work Telephone- Mom _____ Dad _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

e-mail address _____ @ _____ (for school related messages only)

Marked Program Desired:

Kindergarten Session only: 8:30 - 1:00 _____ \$575.00

Kindergarten Session with extended day care:

7:30 - 1:00 _____ \$630.00 8:30 - 3:00 _____ \$675.00 M W F _____ \$700.00

7:30 - 5:00 _____ \$720.00 8:30 - 5:00 _____ \$705.00 T TH _____ \$675.00

7:30 - 6:00 _____ \$730.00 8:30 - 6:00 _____ \$720.00

Half the registration fee, the earthquake fee, the book fee and the advance tuition payment is payable upon the return of this application. The advance tuition will be held in reserve for the last month of the school year. The registration fee, the earthquake fee and the book fee and the advance tuition payment are all **non-refundable**. This application form and your payment of the fees are needed to register.

Parent's Signature _____

OFFICE USE ONLY:

Registration Fee/ _____

Earthquake Fee Date Check # Amount

Advance Tuition _____

Date Check # Amount