

**A Kid's Place
Preschool
Registration Form**

Please LEGIBLY Print ALL Information

All information MUST be completed before your child can be registered.

Student Information

Date: ___/___/___

Last Name _____ First Name _____ Birth Date _____

Age _____ Gender _____ Allergies _____

Street Address _____ City _____ Zip _____

Phone Number _____

Family Information

Student Lives With: _____ Both Parents _____ Mother _____ Father _____ Guardian

Email (Will be used for preschool correspondence) _____

Mother's/Guardian's Name _____

Home Phone _____ Cell _____

Employer _____ Work Phone _____

Father's/Guardian's Name _____

Home Phone _____ Cell _____

Employer _____ Work Phone _____

Please check the program you are registering your child for.

_____ Three Year Old Preschool Monday, Tuesday, Wednesday 8:30-10:00 \$115/Month

_____ Four Year-Old Preschool Monday, Tuesday, Wednesday 10:15-12:00 \$125/Month

_____ Pre-Kindergarten Program Monday, Tuesday, Wednesday, Thursday 12:45-2:45 \$145/Month

***Registration Fee Due with Form \$60**

*Half of the first month's tuition is due with Registration

Two Year-Old Program

\$55/Month

Thursdays

_____ 9:00-10:15 *For children currently enrolled at the AKP facility

_____ 10:30-11:45 *For children that are NEW to the AKP facility

***Registration Fee Due with Form \$30**

*Half of the first month's tuition is due with Registration

Now what?

1. Email the teacher BEFORE school begins ASchlem@hotmail.com.
2. Complete all required facility paperwork and turn in BEFORE preschool begins.
3. Pay the second half of September's tuition BEFORE the school year begins.

AKP Employee to Complete

Registration Form Accepted by _____ (Employee's Initials) Date _____

Registration fee paid by Cash or Check # _____ Amount Paid \$ _____ Registered packet mailed: _____