



Laveen Kids Klub Registration Wrap Around Preschool

Child's Name _____ Birth Date _____ Age _____ Grade _____
 Address _____ City _____ Zip _____
 Parent's Name _____ E-mail _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Registration Fee (non-refundable) \$30.00

Plans (Circle the fee of the plan you are registering for.)	Fees (weekly)
1. Wrap Around Morning Plan 6:30-9:00 a.m.(available Monday, Tuesday, Thursday, and Friday)	\$55.00
2. Wrap Around Afternoon Plan 3:00-6:00 p.m.(available Monday, Tuesday, Thursday, and Friday)	\$55.00
3. Wednesday full day (more than six hours)	\$45.00
4. Wednesday less than six hours	\$30.00
5. Morning Plan 6:30-11:30 a.m. Only available for peer role models	\$85.00
6. Afternoon Plan 12:30-6:00 p.m. Only available for peer role models	\$85.00
7. Peer Role Models 9:00-11:30 a.m. or 12:30-3:00 p.m.	\$50.00
8. Wrap Around and Wednesday	\$100.00

____ (Initial) I have read, understand, and agree to adhere to the parent handbook and payment policies.
 ____ (Initial) I understand if my tuition payment is not paid prior to service my child cannot attend.
 ____ (Initial) **NO CREDIT** will be given for days that are not used. Accounts cannot be placed on hold.
 ____ (Initial) I give permission for my child to be photographed or videotaped in a school-related setting, including public programs provided by schools, and have the pictures and/or videotapes reproduced in the media and/or school-related publications such as, but not limited to, newsletters, brochures, and school/district websites.
 ____ (Initial) **KIDS KLUB REQUIRES A TWO WEEK WRITTEN NOTICE TO STOP SERVICES.**

 Parent/Guardian's Signature

 Date

Registration will not be accepted without the following documentation attached:

- | | |
|---|--|
| <input type="checkbox"/> Completed registration form with signature | <input type="checkbox"/> Emergency information (blue card) |
| <input type="checkbox"/> Immunization record | <input type="checkbox"/> IEP (if applicable) |
| <input type="checkbox"/> Court papers (if applicable) | <input type="checkbox"/> Preschool enrollment package |

DUE AT THE TIME OF REGISTRATION:

\$ _____ Registration fee (non-refundable)

\$ _____ First week payment

\$ _____ Total due today

Start date: _____

Next payment due: _____

For Official Use Only

Paid by: Check # _____ \$ _____ Money # _____ \$ _____ Online Payment # _____ \$ _____

Procure: info _____ Billing _____ Ledger _____ Billed _____ / _____ Info _____ Office copy _____ Site copy sent _____ DES auth received _____ Called _____ Sch emailed _____
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