



2019/2020 Registration Form

A \$100.00 Non-Refundable Membership Fee is required with the registration form and tuition agreement form to hold a place for your child in class or on a waiting list. Please make all checks or money orders payable to:

MY FIRST FRIENDS

- Applying For:**
- First Friends (2s)** 9:30am - 11:30am
 - PreK Prep (3s)** 9:00am - 11:45am
 - Kinder Readiness (4/5s)** 9:00am - 11:45am

Student Information

Child's Name _____ Birth Date _____ Sex M F

Child's Address _____

School District _____

Parent/Guardian Information

Parent/Guardian Name _____

Address (if different from student) _____

Relationship to Student _____ Marital Status _____

Home Phone _____ Mobile Number _____

Email Address _____

Employer Name _____ Work Number _____

Employer Address _____

Parent/Guardian 2 Name _____

Address (if different from student) _____

Relationship to Student _____ Marital Status _____

Home Phone _____ Mobile Number _____

Email Address _____

Employer Name _____ Work Number _____

Employer Address _____

Other Members of Household (age, relationship) _____

Does your child have any allergies or physical limitations? _____

If yes, please explain in detail: _____

Doctor Name _____ Phone Number _____

Authorized Pick-Up

Name of Child: _____

- Program First Friends (2s)
 PreK Prep (3s)
 Kinder Readiness (4/5s)

The people listed below have my authorization to pick up my child from MY FIRST FRIENDS. I will inform the director or my child’s teacher each time a special pick-up is necessary. I understand that my child will only be released to individuals listed below if I am unavailable. I also realize that they will be required to provide proper identification (i.e. driver’s license or photo ID) each time that they arrive at the center.

Parent Signature _____ Date _____

Name _____

Relationship to Child _____ Phone Number _____

Address _____

Emergency Contact: *please circle* yes or no



Authorized Pick-Up Cont.

Name _____

Relationship to Child _____ Phone Number _____

Address _____

Emergency Contact: *please circle* yes or no

Name _____

Relationship to Child _____ Phone Number _____

Address _____

Emergency Contact: *please circle* yes or no

Name _____

Relationship to Child _____ Phone Number _____

Address _____

Emergency Contact: *please circle* yes or no





19/20 Tuition Agreement

First Friends Program

(must be 2 by 10/1/19)

Tuesday/Thursday 9:30am-11:30am
Monday/Wednesday 9:30am-11:30am

- OPTION A: \$1450 (payment in full by June 1, 2019)
OPTION B: \$1550 (payment in full by August 1, 2019)
OPTION C: \$1650 (10 payments of \$165 due Aug 1 - May 1)

I would like to enroll my child, _____ in the 2 year old class.

I have enclosed the \$100.00 non-refundable membership fee.

Please Select:

_____ I would like to enroll my child in the Monday/Wednesday Program.

_____ I would like to enroll my child in the Tuesday/Thursday Program.

PAYMENT OPTIONS

I agree to pay tuition in the total amount of (select one option below)

_____ \$1450 Payment in Full

I understand that if I choose to submit a one-time payment in full,
\$1450 is due no later than June 1, 2019.

_____ \$1550 Payment in Full

I understand that if I choose to submit a one-time payment in full,
\$1550 is due no later than August 1, 2019.

_____ 10 Payments of \$165

I understand that if I choose to pay the 10 payment plan,
I will owe \$165, on the 1st of the month, Aug. 1 - May 1, 2020.

Monthly tuition payers will be required to set up auto payments with the preschool.

- A \$100 non-refundable membership fee is due at registration.
- There is a \$35.00 returned check fee on all checks returned by the bank.
- If a credit card is declined a fee of \$35 will be charged to your account.

Parent Signature _____ Date _____

Parent Name (please print) _____