



# 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 Kinder Readiness Program

(must be 4 by 12/1/19)

3 Day, 4 Day, 5 Day Options

9:00am - 11:45am

TUITION OPTIONS	3 Days	4 Days	5 Days
<b>Year in Full</b> Due by June 1, 2019	\$2150	\$2400	\$2650
<b>Year in Full</b> Due by August 1, 2019	\$2250	\$2500	\$2750
<b>10 Monthly Payments</b> Due Aug 1 - May 1	\$235	\$260	\$285

## PAYMENT OPTIONS

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

\_\_\_\_\_ **3 Days:**

- \$2150, Year in Full by 6/1/19
- \$2250, Year in Full by 8/1/19
- \$2350, Monthly Installments of \$235

\_\_\_\_\_ **4 Days:**

- \$2400, Year in Full by 6/1/19
- \$2500, Year in Full by 8/1/19
- \$2600, Monthly Installments of \$260

\_\_\_\_\_ **5 Days:**

- \$2650, Year in Full by 6/1/19
- \$2750, Year in Full by 8/1/19
- \$2850, Monthly Installments of \$285

**Select Your Days:** (please circle)

Mon    Tues    Wed    Thurs    Fri

- A \$100 non-refundable membership fee is due at registration.
- Monthly tuition payers will be required to set up auto payments with the preschool.
- 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.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_