



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 PreK Prep Program

(must be 3 by 12/1/19)

3 Day, 4 Day, 5 Day Options

9:00am - 11:45am

TUITION OPTIONS	3 Days	4 Days	5 Days
Year in Full Due by June 1, 2019	\$2150	\$2400	\$2650
Year in Full Due by August 1, 2019	\$2250	\$2500	\$2750
10 Monthly Payments 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 _____