# 

# ENROLLMENT FORM

Dear Kids’ Place Family,

Thank you for enrolling your child!

There is a $50 non-refundable annual registration fee. When this form and the registration fee are received, your spot is reserved. Until then, openings are filled off the waitlist on a first come, first serve basis.

**Reminders**:

* **Income Verification:** please provide the first page of your tax return (1040) along with the attached registration form if your household qualifies for tuition assistance (households earning less than $90,000 annual gross.)
* **Children transition** to a new age group once they are:
  + developmentally ready;
  + they are old enough; and
  + there is availability.

Typically, children move up over the summer and beginning of September.

We look forward to getting to know your family!

Dear Kids’ Place Family,

Thank you for completing and returning both pages of the enrollment form ***as soon as possible*** to reserve your space. If your household qualifies for tuition assistance, please also submit the first page of your tax return.

Parent/Guardian 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Contact first*)

Parent/Guardian 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schedule: (Please circle your desired schedule.)

M-F

M,W, F

T, TH

Please note preference for alternate schedule when available\*

***\* Schedules are available on a first come, first serve basis. Part-time schedule availability depends on the ability to fill the matching part-time spot. For instance, if you request a M-W-F schedule, another family will need to fill the T-Th spot.***

We look forward to having your child(ren) at The Kids’ Place!

All documents are posted on our website, but please indicate below if you prefer a printed copy of any of the following documents:

\_\_\_ School Calendar

\_\_\_ Family Handbook

\_\_\_ Emergency Preparedness Plan

\_\_\_ Health Care Plan

Tuition Assistance is available, based on household annual gross income.

Please select which category applies to your family:

\_\_\_ less than $75,000 \_\_\_$75,000-$85,000\_\_\_ more than $85,000

We verify that the above is the household annual gross income for our family.

At any time during the child’s attendance, we agree to notify the school should our financial situation change, thereby placing the family income in a different fee category.

We agree to submit a copy of the top page of the 1040 tax return for financial verification of income annually during registration.

We recognize the importance of the accuracy of this income statement. By signing below, I indicate that my self-reported household annual gross income is accurate.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Parent or Legal Guardian

Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Parent or Legal Guardian

Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_