

REGISTRATION FORM 2019-2020

Student Information: Birth date (MM/DD/YY)								
Legal Name:	(Last)		_ (First)		(Middle)			
Address:				_ City:	AZ Zip Code:			
Phone:		E-mail Address*:			send out monthly nev	vslotta		
Parent/Gua	rdian Information			<i>mun uuur ess te</i>	sena out monthly nev	VSICIL	.15	
Relation	Last Name	First Name	Address		Alt. Phone			

How did you hear about International School for Peace? _____

Can you provide us with contact information for someone who may be interested in hearing about our school?

Step 1: Choose Program									
Partial Spanish Immersion					Full Spanish Immersion				
Step 2: Choose Hours									
Precare	7:30am-9am	Full Day	9am-2:30pm	Half Day	9am-12pm	Aftercare	2:30pm-6:00pm		
🗆 M-F	\$110/month	🗆 M-F	\$535/month	🗆 M-F	\$460/month	🗆 M-F	\$210/month		
🗆 T Th	\$70/month	🗆 T Th	\$415/month	🗆 T Th	\$330/month	🗆 T Th	\$130/month		
□ M W F	\$90/month	🗆 M W F	\$475/month	□ M W F	\$380/month	□ M W F	\$160/month		
□ 4 DAYS Circle Spee		□ 4 DAYS <u>st Choice</u>	\$505/month M T W TH F	□ 4 DAYS <u>Secor</u>	\$430/month <u>nd Choice</u> M T V	□ 4 DAYS V TH F	\$185/month		
□ M-F 7:30am-6:00pm \$850/month									

Release of information

ICONSENT I DO NOT CONSENT to my child being videotaped or photographed. I understand that these tapes/photos may be displayed at school and/or used to promote the school vision in the community or through the media for professional/educational purposes. I understand I can change my consent at any time in writing in the preschool office.

Families are responsible for tuition payments for schedule changes made after July18, and schedule changes must be made in writing. In the event of nonpayment, families will be responsible for all fees incurred by the preschool during the collection process in addition to the tuition. Enrollment is based on birth dates, classroom balancing, and capacities. International School for Peace reserves the right to change class offerings depending on enrollment. Families will be notified in advance.

I understand and agree to the information on this form.

Parent/Guardian Signature _____ Date _____ Date _____

For office use only: Supply Fee \$100	e
Non-refundable registration fee per family, per school year: Continuing Family \$110 🗆 paid New Family \$135 🗆	paid
cash 🗆 check 🗆 # square 🗆 received by: Date	

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