



2022-2023 Enrollment, Tuition & Fees Form

Classroom Hours: 8:45am - 1:30pm

Baby Elephants: Older Toddlers 19 months - Young 2's as of 09/01/2022

| |
|---|
| <input type="checkbox"/> New Applicant/New Student <input type="checkbox"/> Continuing CK Student <input type="checkbox"/> Waitlist Applicant |
| Start Date: _____ |

Registration Fee: **Non-refundable. Half due upon registration/Balance Due before First Day of School**

| | | |
|--|----------------|-------|
| 2, 3, 4 or 5 days | Max per family | \$300 |
| <input type="checkbox"/> \$150 New Student | | |
| <input type="checkbox"/> \$100 Current Student | | |

Supply Fee: **Non-refundable. Half due upon registration/Balance due before First Day of School**

| | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> 2 days \$40 | <input type="checkbox"/> 3 days \$60 | <input type="checkbox"/> 4 days \$80 | <input type="checkbox"/> 5 days \$100 |
|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|

Registration and Supply Fees **MUST** be paid in full by Open House to be fully enrolled. Your child's spot will be released if not paid by Open House.

Monthly Tuition - Older Toddlers 19 months - Young 2's as of 09/01/2022

| | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 2 Days \$265 | <input type="checkbox"/> 3 Days \$345 | <input type="checkbox"/> 4 Days \$455 | <input type="checkbox"/> 5 Days \$575 |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|

**** Tuition Discounts available for Siblings, First Responders, Military and LISD Staff ****

Sibling Enrollment

| |
|---|
| Sibling Name: _____ |
| Sibling Classroom: _____ |
| If you have a sibling enrolled, please choose start time: |
| <input type="checkbox"/> 8:45 am |
| <input type="checkbox"/> 9:10 am |

Child's Full Name: _____ First _____ Middle _____ Last _____ Yrs _____ Months _____

Date of Birth _____ Age as of September 1st, 2021

Parent/Guardian: _____ (Please Print) First Name _____ Last Name _____

E-mail Address: _____ Cell Phone # _____

Parent/Guardian Signature: _____ Date: _____

| |
|--|
| For Office Use Only: |
| <input type="checkbox"/> Registration/Supply Fee Paid/Date _____ |
| <input type="checkbox"/> Method of Payment _____ |
| <input type="checkbox"/> Sibling, First Responder, Military Discount Applied _____ |
| <input type="checkbox"/> Authorized CK Employee _____ |



Before and After School Care 2022-23

Before School Care is available from 8:00 am to 9:00 am Monday through Friday. After School Care is available from 2:00pm to 3:00 pm Monday - Thursday. Before and After School Care may only be paid on a monthly basis and can not be prorated in the event that the student begins care in the middle of the month. _____ Parent Initials

| | | | |
|--|-------------|-------------|--------------|
| Before School 8:00-9:00am You may bring breakfast for your child | | | |
| 2 days \$40 | 3 days \$60 | 4 days \$80 | 5 days \$100 |

| | | | |
|---|-------------|-------------|-------------------------------|
| After School 2:00-3:00pm Please bring a nap mat for your child and an extra snack. No after school care on early release days and No after school care on Fridays | | | |
| 2 days \$40 | 3 days \$60 | 4 days \$80 | No Aftercare - Fridays |

| | | | |
|--|--------------|--------------|--|
| Both After Care - Please bring a nap mat for your child and an extra snack. No after school care on early release days and No after school care on Fridays | | | |
| 2 days \$70 | 3 days \$110 | 4 days \$150 | 5 days \$170 *5 before/4 after No Aftercare - Fridays |

- Before School Care
- After School Care
- Both

| | |
|-----------------------|----------------|
| Student's First Name: | Last Name: |
| Mother's Name: | Mother's Cell: |
| Father's Name: | Father's Cell: |

Emergency Contact if Parents can not be Reached

| | |
|-------|-------|
| Name: | Cell: |
|-------|-------|

Classroom: _____

**** I understand that any pick up after 3:00 pm will result in a \$20 late fee. ****

Parent's Signature: _____