

Registration and Enrollment Form

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

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child attends KidZone Christian Private School the following days and times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please hand any payments to front office at KidZone Christian Preschool

Please agree to the following terms and conditions by initialing below and signing the bottom of this page:

\_\_\_\_\_ One time registration fee of $25 for the remainder of this school year. (Cash only for registration fee)

\_\_\_\_\_I will pay the monthly Physical Education program fee of $60. This includes 4 Physical Education classes per month every Tuesday for 30 minutes (Cash or Check accepted. Checks made out to **Kids In Motion**)

*(In future, day of week is subject to change, if it does you will be notified).*

\_\_\_\_\_I will give a written notice at the end of the month if my child will not be continuing with the Physical Education program. If no notice is received, it will be assumed that my child is continuing, and I will be responsible for the full month’s payment.

\_\_\_\_\_I will have cash/check payments given to KidZone Christian Preschool by the 5th of the month. I understand that any late payments will have a $5 late fee added.

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