



Monthly Tuition Registration Form Kyrene Kids Club and Montessori

Start date: (if after 1st day of school)
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Please print. Use a separate form for each child. Only the parent or legal guardian may register a child.

Participant:

Child	Legal Last Name		First		Middle
	Address		Apt#	City	State Zip
	Home Phone ()	Gender M F	Birthdate	School Grade School Yr	Child lives with

Parent/Guardian:

Parent/Guardian 1	Name		Relationship to Child		
	Address, City, State Zip		Home ()		Work ()
	Employer		Cell/Pager ()		
	Employer Address, City, State Zip		Email address:		
Parent/Guardian 2	Name		Relationship to Child		
	Address, City, State Zip		Home ()		Work ()
	Employer		Cell/Pager ()		
	Employer Address, City, State Zip		Email address:		

Program Registration Information: Please refer to the course listing on the back of this page and write the name of the school, which program(s) you are registering for (e.g., after school 3 days per week), and which days your child will be attending (e.g., M, TH, F) in the spaces below.

School: _____

Program: _____ Attendance Days (please circle all that apply): M T W TH F

Program: _____ Attendance Days (please circle all that apply): M T W TH F

Enrollment Agreement

Parent Signature: _____ Date: _____

I understand that this registration is not complete until I have signed the Fees and Financial Agreement Receipt and have provided a DHS Emergency Information Card, current immunization records, and a birth certificate (for toddlers, three and four year-olds only).

Signature of Financially Responsible Party
(if someone other than parents/guardians listed above): _____ Date: _____

Office Use	
	Registration form
	Emergency Card
	Copy of Immunizations
	Processing fee (s)
	Method of Payment
	Credit Card Authorization
	Amt paid at registration
	% Discount
	KSD yes no