

**John Knox Presbyterian
Kindergarten & Parents Day Out Registration
PLEASE PRINT CLEARLY!!!**

Child's Name _____ Name they prefer to be called _____

Sex - M or F Date of birth _____ Age as of Sept. 1st _____

Home Street address _____ City _____ Zip _____

Mother's Name _____ Email _____

Her Cell number _____ Work number _____

Employer name and address _____

Father's name _____ Email _____

His Cell number _____ Work number _____

Employer name and address _____

Please read carefully, by signing below you are acknowledging and agreeing to the following:

Application is hereby made for admission of my child to the John Knox Presbyterian Church (JKPC) Kindergarten or Parents Day Out program. The non-refundable registration fee of \$_____ has been paid and I understand that the monthly tuition of \$_____ is due by the 15th of each month. There is a 5% discount if the full year's tuition is paid in full at once. There is a late fee of \$20 if tuition is paid after the 15th of the month and \$_____ per minute if a child is not picked up by the stated pick-up time.

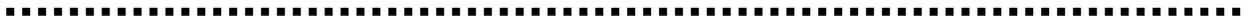
I understand that my child must be in good health to attend school and I further understand that no refunds will be given during any month for either absences or withdrawals.

I understand that my child must be fully toilet-trained before beginning the K-3 program.

All Kindergarten children will have a one-time fee of \$125 which covers snacks, some classroom supplies and art supplies. All toddlers and 2 yr old children will pay a one-time fee of \$25 per day that they attend each week.

Ex: 1 day per week = \$25, 2 days = \$50, etc. This fee is due Sept. 15th. Family total = \$_____ (Doesn't include Extended Hours Fee)

The staff at JKPC makes every effort to prevent accidents but in the event one should occur, I understand that neither the school nor the church accept any liability. I give JKPC staff permission to seek emergency medical care for my child if needed, including providing transportation and appropriate initial care for any injury in the event that either parent or the emergency contact(s) provided are unable to be contacted. No medications will be given to my child without instructions from a parent, guardian or appropriate medical personnel.



Parent signature _____

Class/Days enrolled in: _____ Tuition \$ _____ (Doesn't include Extended Hours Fee)

_____ Paying in full with discount _____ Making monthly payments

(Sibling registered in _____ class.)