

## School Age Enrollment Package

|  |                                      |            |             |                   |              |            |
|--|--------------------------------------|------------|-------------|-------------------|--------------|------------|
| Child's Name                               |                                      |            |             |                   |              |            |
| Date of Birth                              |                                      |            |             |                   |              |            |
| Age  |                                      |            |             |                   |              |            |
| Gender                                     |                                      |            |             |                   |              |            |
| Has your child been to a Preschool before? |                                      |            |             |                   |              |            |
| If Yes, Where and for How long?            |                                      |            |             |                   |              |            |
| Monthly \$Part Time 5 days                 |                                      |            |             |                   |              |            |
| Weekly \$Part Time 5 days                  |                                      |            |             |                   |              |            |
| Monthly \$Part Time 3 days                 |                                      |            |             |                   |              |            |
| Weekly \$Part Time 3 days                  |                                      |            |             |                   |              |            |
| Monthly \$Part Time 2 days                 |                                      |            |             |                   |              |            |
| Weekly \$Part Time 2 days                  |                                      |            |             |                   |              |            |
| Matrix (3)                                 |                                      | Mond<br>ay | Tues<br>day | Wed<br>nesd<br>ay | Thurs<br>day | Frida<br>y |
|  | Brea<br>kfast                        | 1          |             | 1                 | 1            |            |
|  | Lunc<br>h                            |            | 1           |                   |              | 1          |
|  | Snac<br>k                            |            |             |                   |              |            |
|  | Hour<br>s of<br>Care<br>( ex<br>9-5) |            |             |                   |              |            |
| Matrix Hours of Care                       |                                      |            |             |                   |              |            |
| Request starting date                      |                                      |            |             |                   |              |            |
| How did you hear about us                  |                                      |            |             |                   |              |            |
| Mother's Name                              |                                      |            |             |                   |              |            |
| Social Security #                          |                                      |            |             |                   |              |            |
| DL #                                       |                                      |            |             |                   |              |            |
| Address                                    |                                      |            |             |                   |              |            |
| City                                       |                                      |            |             |                   |              |            |

|  |  |
|--|--|
| State  |  |
| Zip  |  |
| Email  |  |
| Home Phone   |  |
| Place of Employment                                    |  |
| Cell Phone   |  |
| Job Title  |  |
| Work Phone   |  |
| Father's Name  |  |
| Social Security #Father                                |  |
| DL #Father   |  |
| AddressFather  |  |
| CityFather   |  |
| StateFather  |  |
| ZipFather  |  |
| EmailFather  |  |
| Home PhoneFather                                       |  |
| Place of EmploymentFather                              |  |
| Cell PhoneFather                                       |  |
| Job TitleFather  |  |
| Work PhoneFather                                       |  |
| Custody Information                                    |  |
| Marital Status   |  |
| List any allergies your child has                      |  |
| My child excels in                                     |  |
| My child needs help in                                 |  |
| Parent's evaluation of child's personality             |  |
| Does your child have any special needs/problems/fears? |  |
| Additional information we should know about your child |  |
| Date   |  |
| Parent/Guardian's Signature                            |  |
| I/We the undersigned parents/legal guardian(s) of      |  |

| 01. Pay tuition at a weekly rate of                      |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
|--|--|---------------------------|-------------------|---------------------------|-----------|------------------|--|---------|--|--|-----------|--|--|----------|--|--|--------|--|--|
| Monthly rate of  |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| 15. I/ We, the undersigned parents of legal guardians of |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Dated  |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| PARENT OR LEGAL GUARDIAN SIGNATURE                       |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| AUTHORIZED REPRESENTATIVE OF KIDS ADVENTURE              |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Tuition Terms  | <table border="1"> <thead> <tr> <th></th> <th>Weekly or Monthly</th> <th>Discount Type I Amount \$</th> <th>Classroom</th> <th>Total Tuition \$</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   |                           | Weekly or Monthly | Discount Type I Amount \$ | Classroom | Total Tuition \$ |  |         |  |  |           |  |  |          |  |  |        |  |  |
|  | Weekly or Monthly  | Discount Type I Amount \$ | Classroom         | Total Tuition \$          |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
|  |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Time schedule  | <table border="1"> <thead> <tr> <th></th> <th>In</th> <th>Out</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td></td> <td></td> </tr> <tr> <td>Tuesday</td> <td></td> <td></td> </tr> <tr> <td>Wednesday</td> <td></td> <td></td> </tr> <tr> <td>Thursday</td> <td></td> <td></td> </tr> <tr> <td>Friday</td> <td></td> <td></td> </tr> </tbody> </table> |                           | In                | Out                       | Monday    |                  |  | Tuesday |  |  | Wednesday |  |  | Thursday |  |  | Friday |  |  |
|  | In   | Out                       |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Monday   |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Tuesday  |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Wednesday  |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Thursday   |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Friday   |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Child's Name:  |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Classroom:   |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Contact 1 Name   |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Contact 1 Cell Phone #                                   |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Email1   |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Contact 2 Name   |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Contact 2 Cell Phone #                                   |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |
| Email2   |  |                           |                   |                           |           |                  |  |         |  |  |           |  |  |          |  |  |        |  |  |