

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 ay	Tues day	Wed nesd ay	Thurs day	Frida y
	Brea kfast	✓	✓	✓	✓	✓
	Lunc h		✓	✓		
	Snac k				✓	
Matrix Hours of Care						
	Hour s of Care (ex 9-5)					
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

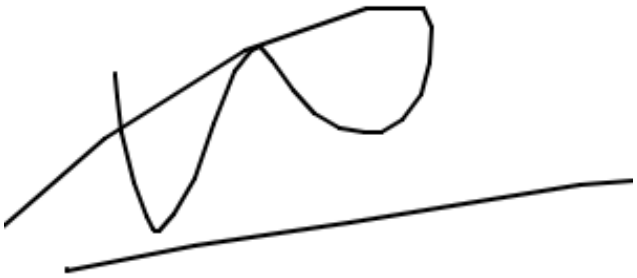
15. I/ We, the undersigned parents of legal guardians of

Dated

PARENT OR LEGAL GUARDIAN SIGNATURE



AUTHORIZED REPRESENTATIVE OF KIDS ADVENTURE



Tuition Terms

	Weekl y or M onthly	Discou nt Type I Amou nt \$	Classr oom	Total Tuition \$

Time schedule

	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			