

**Enrollment/Re-Registration:**

- **New Enrollment - \$150 for Full School Year**
- **Re-Registration - \$75 Annual Registration Fee for Full School Year**
- **Summer Only - \$60 for Children Promoting to Public School**

I have read and understand the terms of **The Gift of Kids** contract, registration form, and the written agreement. I understand that there are no refunds or credit given for classes missed due to illness, vacation or any other reason. Make up classes can be discussed with the owner or assistant director if space is available and if we are given advanced notice. I understand that all forms such as personal rights, parent’s rights, consent for medical treatments, identification and emergency, physicians report, health history, immunization and photo release must be submitted before my child’s first day of daycare/preschool/school.

**I would like my child enrolled in the following classroom:**

- \_\_\_ Infant Class (Ages 6 weeks – 12 months)
- \_\_\_ One’s Class (Ages 12 months – 18 months)
- \_\_\_ Todds Class (Ages 18 months – 36 months)
- \_\_\_ Two’s/Three’s Class (Ages 2 years – 3 ½ not potty trained)
- \_\_\_ Three’s (Ages 2 ½ - 4 years, potty trained)
- \_\_\_ Pre-K (Ages 4 -5 years)
- \_\_\_ Private Kindergarten (Ages 5-6 year old)
- \_\_\_ Before and/or After School Program (K-5<sup>th</sup>)...full day options during Summer/Spring/Winter breaks
- \_\_\_ Transportation from John Adams to CSD

**Full day or Half Day:**

- \_\_\_ 3-4 hour preschool program ½ day option (NOT to exceed 4 hours per day or past 12:15pm)
- \_\_\_ 5-10 hour full day option (NOT to exceed 10 hours per day)

I would like to have my child attend The Gift of Kids Daycare and Preschool on the following days:

**Please circle:** Mon. Tues. Wed. Thurs. Fri

Child’s Name \_\_\_\_\_ DOB: \_\_\_\_\_ Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**New enrollment:** I have attached \$150.00 \_\_\_ **Re-enrollment:** I have attached \$75 \_\_\_ **Summer Only:** I have attached \$60 \_\_\_

CVV \_\_\_\_\_ Zip Code \_\_\_\_\_

Check No. \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_ Name On Card \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Acceptance/Offer Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_