

**Registration for The Gift of Kids:**

Students Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Persons Authorized to Pick up Child from Facility (Please also add to Kinderlime):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Allergies: yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Medical Condition: yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Learning, Behavioral or Physical Challenges: yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

I/We, as parent/guardian (“responsible party”) of the student named above, agree to enroll the student into The Gift of Kids Daycare and Preschool (The Gift of Kids music, Spanish, and The Gift of Kids enhanced curriculum). All classes are held at The Gift of Kids located at 5130 Golden Foothill Parkway in El Dorado Hills.

I agree to pay the following: \$150 registration fee (to hold your child’s space). Tuition is due on the 26<sup>th</sup> of each month and is paid through Kinderlime or by check.

Tuition amount: \$ \_\_\_\_\_ A 30-day notice is required for schedule and/or tuition changes.

No tuition credit will be given for the days The Gift of Kids Daycare and Preschool is closed or days that may be missed due to sickness or personal leave. All tuition stays the same each month and is averaged out for the year. Tuition remains the same regardless of holidays or breaks. All tuition paid is non-refundable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_