



Kindergarten Program Enrollment Form

Today's Date: _____

Start Date: _____

CHILD'S INFORMATION

Child's Name _____ Date of Birth _____

Child's Home Address _____

City _____ Zip _____

Attendance Schedule

- 5 Days 4 Days Select: M T W TH F
- 3 Days Select: M T W TH F 2 Days Select: M T W TH F
- Other Select: M T W TH F

School Attending

- St. Michael Elementary Croce Elementary
- Jackson Elementary Rancho Las Positas
- Other _____ (No transportation available)

Please note Storyland School provides transportation for AM sessions only

Enrichment Program Options

- Music Enrichment (Included)
- Tiny Techs Computer (Included)
- Spanish (Mondays/Wednesdays \$70/month)

Elementary School Schedule

- | | | | |
|--------------------------------|-------------------|--------------------------------|-----------------|
| <input type="checkbox"/> Mon | Start Time: _____ | <input type="checkbox"/> Mon | End Time: _____ |
| <input type="checkbox"/> Tues | Start Time: _____ | <input type="checkbox"/> Tues | End Time: _____ |
| <input type="checkbox"/> Wed | Start Time: _____ | <input type="checkbox"/> Wed | End Time: _____ |
| <input type="checkbox"/> Thurs | Start Time: _____ | <input type="checkbox"/> Thurs | End Time: _____ |
| <input type="checkbox"/> Fri | Start Time: _____ | <input type="checkbox"/> Fri | End Time: _____ |



Kindergarten Program Enrollment Form

FAMILY INFORMATION

Mother/Parent/Guardian Legal Name _____

Occupation _____

Home Phone _____ **Mobile** _____ **Work** _____

Email _____ **CDL** _____

Father/Parent/Guardian Legal Name _____

Occupation _____

Home Phone _____ **Mobile** _____ **Work** _____

Email _____ **CDL** _____

General Contract Agreement

I agree that tuition of \$_____ will be paid in advance on the 1st and the 15th of each month. The first half of tuition is due on the first day of attendance. A \$10.00 fee is applied per month for late payments. A \$25.00 returned check fee is applied for all returned checks. A NON-REFUNDABLE registration fee of \$75.00 per child will be collected to enroll your child. (No fee for returning students) This fee will not be refundable if your child(ren) does not continue. To ensure a quality program, make-up days are not allowed. Additional days may be added based on the daily rate and if there is a spot available. A two week notice is required to withdraw your child. A 10% discount in tuition is given for a second child. A \$1.00 per minute late fee is charged for late pickups. You may be asked to withdraw your child from the program after the 5th late pick-up. There will be no refund of tuition for any reason.

I take responsibility for payment of tuition and agree to follow the requirements above. I have read and understand the Admission Policy of Storyland School.

Parent's Name (print) _____

Signature _____ Date _____



Kindergarten Program Enrollment Form

Transportation Agreement

I give Storyland School permission for my child to be transported to and from school as listed in the drop off and pick up schedule listed above. I understand only designated staff personnel will be allowed to transport my child during the agreed upon hours.

In the event of an emergency, where medical attention may be needed, I agree to assume full financial responsibility for all such related costs. I hereby release Storyland School of all liability in the event of injury or bodily harm and for damage or loss of personal goods and belongings.

Parent's Name (print) _____

Signature _____ Date _____

Please Provide Health Insurance Information

Insurance Company _____

Policy Number _____

Insurance Co. Address _____

Insurance Co. Phone Number _____

-OFFICE USE ONLY-

Facility Representative Signature _____

Registration Fee Paid _____ Date \$ _____ Cash _____ Check # _____

START DATE _____