Kidventures at the Clubhouse Preschool Registration Form

KP (Kindergarten Prep) 12:30-3:00 p.m. 5 Days/Week (M-F) \$245/month 10 payments Sept June) Three's & Four's Morning Preschool 9:00 a.m 11:30 a.m. 3 Days/Week (M/W/F \$170/month (10 payments Sept June) 2 Days/Week (Pick two of the 3 days above) \$130/month (10 payments Sept June) Two's Morning Preschool (Drop-off) 9:00 - 11:00 a.m. 1 Day/Week (Thursday) \$85/month (10 payments Sept June) Parent Information: Parent First and Last Name									
						Address:			
						City:	State:		Zip:
						Home Phone:	Cell Phone(s):		
Work Place(s) & Phone(s) (o	nly if you want to be c	alled there)							
Email address(es):									
Child's First and Last Name		I Information:	Gender						
Nickname:	Date	of Birth:	Age:						
Confidential Health History	y of Child: Attach ad	ditional sheet if necess	sary						
List of any allergies:									
Other medical concerns:									
Medications being used: Please note that Kidventures medications with your child	& Bee Bop Clubhouse	cannot dispense any r	medications. Do not send any						
Any other information conce	rning your child's heat	h that we should be av	ware of:						
Does your child have any corprogram's normal activities values, please describe in deta	vill aggravate? Yes	No	icipating in the program or that the						

In the event that neither I, nor my designee, can be contact emergency treatment determined necessary by emergency		l emergency, I consent to
Parent/Guardian Signature:	Date	:
Release Information:		
Unless we have a copy of a court order prohibiting the rel for your child to be released to either parent.	ease of a child to one of the	e child's parents, it is legal
Under no circumstances will a child be released to anyone identification is required for release to the following indiv	-	authorization. Photo
I give authorization for the following people to pick up m	y child from Kidventures &	& Bee Bop Clubhouse:
Name Relationsh	nip: Ph	one:
Name Relationsh	nip: Ph	one:
Name Relationsh	nip: Ph	one:
child in the specified program(s) operated by Kidventures must follow safety instructions, remain in areas designate him/her or others. Failure to do so will result in dismissal Bop Clubhouse staff will do their best to ensure a safe expocur. I hereby release Kidventures & Bee Bop Clubhous nature resulting in my child's participation in any program death, loss, or damage. My signature gives Kidventures & videos taken during programs for promotional purposes. Shave informed Kidventures & Bee Bop Clubhouse staff of is accurate and true to the best of my knowledge.	d by staff, and refrain from from program without refu perience, however I underst the from any and all responsi in accident including claims the Bee Bop Clubhouse permit To opt out of this, I will sub	behavior that is harmful to nd. Kidventures & Bee tand that accidents do bility and liability of any for any injury, illness, ission to use all photos and omit request in writing. I
Parent/Guardian Signature:	Dat	e:
 Payment: \$45 Registration Fee (non-refundable) is required \$35 Registration Fee (non-refundable) is required \$25 Registration Fee (non-refundable) is required Checks made payable to Kidventures at the Cla Checks can be mailed to Dina Kalina, 2313 Acorn COST/PAYMENT	to secure a spot in 3 & 4's to secure a spot in 2's (Droubhouse	Morning Preschool Class
Class Tuition Total (Monthly Tuition Due by 1 st of each month Sept,- June for Preschool Classes Registration Fee Paid Remaining Balance Due		