



REGISTRATION FORM 2017-2018

Student Information: Birth date (MM/DD/YY) _____ F M

Legal Name: (Last) _____ (First) _____ (Middle) _____

Address: _____ City: _____ AZ Zip Code: _____

Phone: _____ E-mail Address*: _____

ISP will use this email address to send out monthly newsletters

Parent/Guardian Information

Relation	Last Name	First Name	Address	Alt. Phone

How did you hear about International School for Peace? _____

Can you provide us with contact information for someone who may be interested in hearing about our school?

Step 1: Choose Program

Partial Spanish Immersion

Full Spanish Immersion

Step 2: Choose Hours

Precare	7:30am-9am	Full Day	9am-2:30pm	Half Day	9am-12pm	Aftercare	2:30pm-6:00pm
<input type="checkbox"/> M-F	\$100/month	<input type="checkbox"/> M-F	\$525/month	<input type="checkbox"/> M-F	\$460/month	<input type="checkbox"/> M-F	\$199/month
<input type="checkbox"/> M W F	\$80/month	<input type="checkbox"/> M W F	\$465/month	<input type="checkbox"/> M W F	\$380/month	<input type="checkbox"/> M W F	\$156/month
<input type="checkbox"/> T Th	\$50/month	<input type="checkbox"/> T Th	\$365/month	<input type="checkbox"/> T Th	\$330/month	<input type="checkbox"/> T Th	\$110/month
		<input type="checkbox"/> M-F	7:30am-6:00pm	\$805/month			

Release of information

___ I CONSENT ___ I DO NOT CONSENT to my child being videotaped or photographed. I understand that these tapes/photos may be displayed at school and/or used to promote the school vision in the community or through the media for professional/educational purposes. I understand I can change my consent at any time in writing in the preschool office.

Families are responsible for tuition payments for schedule changes made after July 24, and schedule changes must be made in writing. In the event of nonpayment, families will be responsible for all fees incurred by the preschool during the collection process in addition to the tuition. Enrollment is based on birth dates, classroom balancing, and capacities. International School for Peace reserves the right to change class offerings depending on enrollment. Families will be notified in advance.

I understand and agree to the information on this form.

Parent/Guardian Signature _____ Date _____

For office use only: Supply Fee \$90 paid T-Shirt cash check # _____ received by: _____

Non-refundable registration fee per family, per school year: **Continuing Family** \$100 paid **New Family** \$125 paid