

Kinder Korner Preschool



...a special place for special little people

Application for Admission

How did you hear about Kinder Korner Preschool? _____

Returning Student

New Student

Date Submitted _____

Ethnic Code **CAU**
(For State of Ohio Report)

BLK

MEX

IND

(CIRCLE ONE)

Student's Last Name _____ First _____ Middle _____

Address _____ Apt. # _____

City _____ State _____ Zip _____ Home Phone _____

Date of Birth _____ Sex **M** **F** * First Name _____
(name your child will be taught and referred to)

Child is Enrolling for: (Detailed description of classes on last page)

3-4 Year Old (Tuesday & Thursday 8:45-10:45 am) \$90.00/month
***Must be 3 by August 1st & Potty trained**

4-5 Year Old (Monday, Wednesday, Friday 8:45-11:15 am or
12:15-2:45 pm) \$125.00/month
***Must be 4 by August 1st & Potty trained**

**If 4-5 Year Old group, session request (request granted upon space availability):

No request

Morning
(8:45 – 11:15 am)

Afternoon
(12:15 – 2:45 pm)

This application must be completed and forwarded together with an application fee of \$35.00 per child to secure the placement of your child or children for a school year. Please make your checks payable to: Kinder Korner Preschool Inc. and either mail in or drop off your payment along with the completed registration form to the address listed below.

204 East Wood Street, ~ Versailles, OH. 45380 ~ 937-526-5535

www.kinderkornerpreschool.com

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Kinder Korner Preschool

FAMILY INFORMATION

Biological Parents Are: Together at Home Separated Divorced Widowed

Father's Name _____

Mother's Name _____

Employer _____

Employer _____

Position _____

Position _____

Business Phone _____

Business Phone _____

Cell Phone/Other _____

Cell Phone/Other _____

E-mail Address _____

E-mail Address _____

If child does not live with both biological parents, please describe custody. If student does not live with either biological parent, please give guardian's name, full address and phone:

*** If child does not live with both biological parents, custody papers must accompany the application.**

If there are other children in your family please complete the following:

Child's Name/Age: _____ Child's Name/Age: _____

Child's Name/Age: _____ Child's Name/Age: _____

PARENT'S PLEDGE OF ACCEPTANCE

I certify that the information I have provided on this application is correct, to the best of my knowledge. I also pledge that upon acceptance of my child, I will settle my/our accounts promptly. I understand that I am responsible for a full or balanced year's tuition unless my child is withdrawn in the event of a prolonged illness, moving or reasons meeting board approval.

I understand that Kinder Korner Preschool reserves the right to dismiss any student if the Administrator feels the child or the family is found out of harmony with the rules and policies of the school.

If my child is not accepted or I decide not to enroll my child at Kinder Korner Preschool, I understand the application fee is non-refundable.

Signature of Mother _____ Date _____

Signature of Father _____ Date _____

Signature of Guardian _____ Date _____

(If other than natural parent)

ALL PARTS OF THIS APPLICATION MUST BE ANSWERED COMPLETELY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.