

*All About Kids*  
5762 Fallbrook Avenue  
Woodland Hills, CA 91367  
(818) 703-8687  
Email: [allaboutkidsschool@att.net](mailto:allaboutkidsschool@att.net)

Enrollment Agreement

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Daytime & Cell numbers to be released to the Room Parents for use in case of an emergency situation.**

**Parent/Guardian (1)** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Living with child: \_\_\_\_\_ YES NO  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone#: \_\_\_\_\_ Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent/Guardian's Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Parent/Guardian (2):** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

Living with child: \_\_\_\_\_ YES NO  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone#: \_\_\_\_\_ Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent/Guardian's Driver's License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I understand that all the information contained in my child's file is strictly confidential. I understand that it is my responsibility to inform All About Kids School Inc. immediately of any changes to the Enrollment Agreement, Emergency cards, or Insurance Coverage. Incorrect information at the time of an emergency could result in serious consequences. I agree to comply with the terms and policies of the Tuition Schedule, Parent handbook and all the rules and regulations of All About Kids School Inc. I acknowledge that failure to meet these responsibilities may result in my child being denied admittance to the program. I understand that registration fee is non-refundable and that tuition is payable in advance in accordance with the tuition schedule. I agree to give the school **two week** written notice prior to my child's withdrawal. If this written notice is not received, an additional two weeks tuition will be charged, I also agree if my child is not in attendance within 2 weeks of planned start date stated on the Registration Agreement, if my child is not in attendance for more than 2 weeks at the conclusion of a scheduled vacation time or for an extended absence, or anytime my child is not in attendance for more than 2 weeks without written notice, his/her place will be replaced. In the event of default, I agree to pay all the costs of collection including reasonable attorney fees. I also understand that All About Kids School reserves the right to request the withdrawal of any child at anytime and in such case will refund a proportionate amount of tuition. I give consent to All About Kids School to use any pictures of my child for advertising and/or promotional activities.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_