



Enrollment Form

GENEVA

A

	Mon.	Tues.	Wed.	Thurs.	Fri.	
<u>FULL DAY</u> (Infants - Five Years)	___	___	___	___	___	
Kindergarten (5 days)	___	please circle: 8:45 - 3:15 or 7:00 - 6:00				
<u>PART DAY</u>						Class Time
Junior Kindergarten	___	___	___	___	___	_____
Preschool for Threes	___	___	___	___	___	_____
I am Two	___	___	___	___	___	_____
_____	___	___	___	___	___	_____
(Kensington Labs/Other)						

Start Date _____

Child's Name _____ Birthdate _____ Gender _____

Child's Home Address _____ Primary Phone _____

Primary Email _____ Secondary Email _____

Parent Information:

Parent or Guardian's Name _____ Cell # _____

Parent's Address (if different from child) _____

Parent's Driver's License # _____ Marital Status _____

Parent's Employer _____ Occupation _____

Work Address _____ Work Phone _____

Parent or Guardian's Name _____ Cell # _____

Parent's Address (if different from child) _____

Parent's Driver's License # _____ Marital Status _____

Parent's Employer _____ Occupation _____

Work Address _____ Work Phone _____

PLEASE SEE BACK PAGE FOR REQUIRED PAYMENT INFORMATION

over

Child's Name _____

If neither parent can be reached in case of an emergency, call:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Persons designated to pick up child other than parents:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Persons NOT permitted to pick up child: _____

Child's Doctor's Name _____ Phone _____

Address _____

Child's Dentist's Name _____ Phone _____

Address _____

Any allergies/food restrictions/EpiPen _____

Other children in family *(please list birthdate of each)* _____

Previous schools attended _____ Anticipated elementary school _____

PAYMENT INFORMATION

Must be completed at time of enrollment.

By signing below, I authorize Kensington School to process a non-refundable
\$_____ Enrollment Fee and a \$_____ Deposit *(for full day program)* in the following way:

- Charge my credit/debit card for a total of \$_____.
- Charge my Tuition Express Account for a total of \$_____. I am a current Kensington School family or I am an new Kensington School family and my Tuition Express enrollment is attached.

I acknowledge that I have received the enrollment guidelines and agree to the terms stated therein.

Parent Signature _____ Date _____

Checks and cash are not accepted at Kensington School.

Initials _____