



# Enrollment Form

## SOUTH NAPERVILLE

A

	Mon.	Tues.	Wed.	Thurs.	Fri.	
<u>FULL DAY</u> (Infants - Five Years)	___	___	___	___	___	
<u>PART DAY</u>						Class Time
Junior Kindergarten	___	___	___	___	___	_____
3 Year Old Preschool	___	___	___	___	___	_____
I am Two	___	___	___	___	___	_____
_____ (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

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 \_\_\_\_\_