

KENSINGTON SCHOOL ENROLLMENT FORM

Full Day Kindergarten

I would like to enroll my child in Full Day Kindergarten at the following location:

Arlington Heights Elmhurst Geneva Glenview
 LaGrange Naperville St. Charles
 Beginning August 16, 2021 (the first day of the kindergarten academic year)
 Other Start Date: _____

Enrollment Applications will be considered complete when
the Tuition Agreement Form and Tuition Express Form are included.

Child's Name _____ Birthdate/ Due Date _____

Child's Home Address _____

Primary Phone _____ Primary Email _____

Secondary Email _____ Child's Immunizations are Up to Date Yes No

Comments _____

Allergies/ Food Restrictions/ EpiPen _____

Parent Information:

Parent or Guardian's Name _____ Cell # _____

Address (if different from child) _____

Employer _____ Occupation _____

Work Address _____

Work Phone _____ Work Hours _____

Parent or Guardian's Name _____ Cell # _____

Address (if different from child) _____

Employer _____ Occupation _____

Work Address _____

Work Phone _____ Work Hours _____

Please see second page for more details.



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 _____

Payment Authorization

Please complete at time of enrollment.

By signing below, I authorize Kensington School to process the non-refundable
\$ _____ Registration Fee, _____ Deposit and \$ _____ Book Fee in the following way:

(Any current deposit on file will be deducted from total.)

The total monthly non-refundable kindergarten deposit must be paid by Friday, April 9, 2021.

When enrolling after April 9, 2021, this deposit is due upon enrollment.

Please use my credit/debit card for a total of of \$ _____

Please use my Tuition Express Account for a total of of \$ _____

(We are a current Kensington School family OR we are a new Kensington School family
and our Tuition Express Agreement and Tuition Express Enrollment Form is attached.)

I acknowledge that I have received the enrollment guidelines outlined
on the proposed tuition fee schedule and agree to the terms stated therein.

Parent Signature _____ Date _____

Checks and cash are not accepted at Kensington School.

Thank you.