

KENSINGTON SCHOOL ENROLLMENT APPLICATION

Kensington School Location:

Arlington Heights Elmhurst Geneva Glenview Hinsdale
LaGrange LaGrange Highlands Naperville South Naperville
St. Charles Western Springs Wheaton

Monday Tuesday Wednesday Thursday Friday

Requested Schedule :

Requested Start Date: _____

Some programs require 5 day, Monday - Friday, enrollment.
Please contact Kensington School's Admissions Department for more information.

Enrollment Applications will be processed when complete
and submitted with the Tuition Agreement Form and Tuition Express Enrollment Form.

Child's Name _____ Birthdate/ Due Date _____

Child's Home Address _____ Primary Phone _____

Allergies/ Food Restrictions/ EpiPen _____

Primary Email _____ Secondary Email _____

Parent Information:

Parent or Guardian's Name _____ Cell # _____

Address (if different from child) _____

Employer _____ Occupation _____

Work Address _____ Work Phone _____

Parent or Guardian's Name _____ Cell # _____

Address (if different from child) _____

Employer _____ Occupation _____

Work Address _____ Work Phone _____

Please see second page for payment authorization.



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

Must be completed at time of enrollment.

By signing below, I authorize Kensington School to process the non-refundable enrollment fee \$_____ and deposit \$_____.

- ☐ Please use my credit/ debit card for a total of \$_____.
- ☐ Please use my Tuition Express Account for a total 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 tuition fee schedule and agree to the terms stated therein.

Parent Signature _____ Date _____

Checks and cash are not accepted at Kensington School.

Thank you.



Kensington School Full Day Tuition Agreement

My Family's Tuition Payment Schedule:

1. Please select your schedule of payment:

- ☐ The beginning of each week
- ☐ The beginning of each month

2. Please select your method of payment:

- ☐ ACH debit directly from my bank account
- ☐ Credit Card or Debit Card (2.5% service charge applicable)

My Family's Tuition Obligations:

I understand and agree to the following Kensington School Policies:

- My child's schedule is set by the week and any changes or additions will be reflected in each billing cycle and automatically withdrawn by Tuition Express.
- I will receive no credit for absences.
- Enrollment Fees are non-refundable and are not applicable toward tuition.
- A deposit of one week's tuition is due at the time of enrollment. This deposit is non-refundable, but will be credited to your child's last week of tuition when a two week notice of disenrollment is given.
- A family enrolling two or more children on a full-time basis will pay full tuition for the child with the highest tuition and receive a 10% discount on additional siblings.
- Vacation Credit is awarded to Full Day families that attend five days per week and have had consistent attendance for one year. Vacation Credit consists of one free week and one week at 50% tuition.
- Enrichment & Lunch Bunch tuition for each session will be charged at the time of enrollment.
- If, for any reason, Kensington School is not able to collect funds from your Tuition Express account, a \$25 fee will be charged.
- Signing your child in or out is integral to our attendance keeping, food service counts and DCFS requirements. CHILDREN MUST BE SIGNED IN AND OUT DAILY WITHOUT FAIL, Families will be charged \$10 per occurrence.
- Kensington School reserves the right to terminate enrollment for non-payment or not abiding by Tuition Agreement.

Parent's Signature

Date

Director's Signature

Date



Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____	
Address _____			Bank or Credit Union Address _____	
City _____	State _____	Zip _____	City _____	State _____ Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Routing Transit Number (see sample below)

Account Number (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____

Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.



For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____

Phone # _____

Cardholder Billing Address _____

Account Number _____

City _____

State _____

Zip _____

Expiration Date _____

Cardholder Signature _____

Date _____

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: _____

Employee Signature: _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.



Credit Card Authorization Form

Please charge the credit card below \$ _____

for ☐ Registration Fee ☐ Tuition Deposit

☐ Other _____

student name

student birth date

student name

student birth date

Card number: _____

Please circle: Visa Master Card Discover

Expiration date: __ / ____ CVC: __ __

Name: _____

Address: _____

City/ Town: _____

State: _____ Zip: _____

Phone/ Email: _____

Signature _____

Date _____

Office Use Only: date _____ initials _____ location _____