

**REGISTRATION & TUITION CONTRACT
JOHN MICHAEL KOHLER ARTS CENTER
PRESCHOOL 2018-2019**

Please print.

Child's Name: _____ Date of Birth: _____

Name to be used in school (i.e. Ollie for Oliver): _____

Parent/Guardian Contact Information

Parent/Guardian: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Email: _____

Parent/Guardian: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Email: _____

Land Line Number: _____
Cell Phone Number: _____
Work Phone Number: _____

Land Line Number: _____
Cell Phone Number: _____
Work Phone Number: _____

Circle the class you are enrolling your child in.

Your child must be 3 years old by September 1, 2018 for the Red or Blue Class

RED CLASS

3/4-year-olds, 2 days a week
Tuesday/Thursday
9:00–11:30 a.m.

BLUE CLASS

3/4-year-olds, 2 days a week
Monday/Wednesday
9:00 a.m.–11:30 a.m.

I/We, _____ and _____ (parent/guardian and/or parent/guardian)
of _____ (child's name) commit to payment of the tuition for the 2018–2019 school year in the amount
of _____

		Member	Nonmember
RED CLASS	3/4-year-olds, 2 days per week Preschool	\$1,150	\$1,438
BLUE CLASS	3/4-year-olds, 2 days per week Preschool	\$1,150	\$1,438

I/We have read the attached Tuition-Related Policies document for the 2018–2019 school year and agree to comply with the terms so stated. By signing below, I/We agree to claim responsibility for payment of tuition even in the case of early withdrawal, as described in the attached 2018-2019 School Year Tuition-Related Policies document.

I/We have paid the \$90.00 non-refundable/non-transferable registration fee and have chosen to adhere to the following plan for payment of the remainder of the tuition due understanding there is an additional fee for monthly and quarterly payments and we must adhere to the plan selected unless we pay in advance (please check one):

One Payment _____ *Quarterly Payments _____ *Monthly Payments _____

*Selection of the **Quarterly** or **Monthly** installment plan requires the completion of a Credit Card Authorization form.

I/We also wish to contribute a tax deductible donation to the Arts Center Preschool Scholarship Fund in the amount of (circle one): \$10 \$25 \$50 \$100 Other \$ _____ Thank you!

I/We agree that I/We have read, understand, and will comply with the terms of the attached Tuition-Related Policies.

Signature (mother/guardian): _____ **Date:** _____

Signature (father/guardian): _____ **Date:** _____

This form must be signed by both parents. Thank You.

****Please also complete the back of this form.**

For Arts Center Use Only

Date Application Received: _____ \$90 Deposit Received (circle one) Cash Check Number Visa/Mastercard

Does your child have brothers or sisters, or are there other children in your household?

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Please give us a little background on your child.

Please list any experiences your child has had interacting with peers (i.e., child care, classes, playgroups, etc.).

Is there anything that would be helpful for us to know about your child (i.e., interests, allergies, special needs, cultural traditions, etc.)?

Have you ever had another child enrolled in the Arts Center's Preschool?

What criteria did you use to select the JMKAC Preschool?

What is important to you in a preschool for your child?

How did you hear about our Preschool?