

**REGISTRATION & TUITION CONTRACT  
JOHN MICHAEL KOHLER ARTS CENTER  
PRESCHOOL 2017-2018**

**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, 2017 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 2017–2018 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 2017–2018 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 2017-2018 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?