

For Office Use Only

QB: _____

EZ Camp: _____

Confirmation: _____

Ext. Day Deposit: _____

School Year _____

AM ___ PM ___ FULL DAY ___

Deposit Rec'd: \$ _____

Deposit Date: _____

Check #: _____

THE KIWI KINDERGARTEN
P.O. Box 435
Mahopac, NY 10541
(845) 277-3876 (845) 277-0875 (fax)

Today's Date: _____

Child's Name _____ **Boy** _____ **Girl** _____

Nickname _____ **Birth Date** _____

Street Address _____ **Town** _____

State ___ **Zip** _____ **Home Phone** (____) _____

Father's Name _____ Cell Phone (____) _____

Father's Home Address _____

Father's Company & Address _____

Father's Occupation _____ Work Phone (____) _____

E-Mail _____ Home Phone (____) _____

Mother's Name ----- *Cell Phone* (-----) -----

Mother's Home Address -----

Mother's Company & Address -----

Mother's Occupation ----- *Work Phone* (-----) -----

E-Mail ----- *Home Phone* (-----) -----

Names & Ages of Siblings _____

Emergency Contact: Names & telephone numbers of someone other than parent

(Relationship)

Child's Doctor _____ Phone (____) _____

SPECIAL NOTES: (allergies, speech, OT, PT, etc.) _____

Applicant became interested in Kiwi through _____

Please REMOVE my name/address/telephone number in SCHOOL DIRECTORY ___Y ___N

(Student Name)

Kinders Class: Full _____
AM _____ PM _____

**THE KIWI KINDERGARTEN
2012-13**

<u>Circle Choice</u>	<u>Yearly</u>	<u>Monthly (8)</u>
½ Day AM or PM	\$5,900	\$ 737.50
Full Day	\$8,900	\$1,112.50



Will child be transported by bus? _____ **If yes, please notify your district by March 31st.

District Name _____.

Will child need Extended Day? Yes _____ AM _____ PM _____

Previous Pre-School _____



Registration

Deposit: \$500 Payable to: The Kiwi School

Discounts:

Early Enrollment Deposit prior to Dec. 15\$100.00

One Year Paid in Full (August)\$200.00

Payments:

Visa, Mastercard and Discover are accepted for tuition payments. Registration deposits may be paid by check, cash, money order or credit card and are part of tuition unless you withdraw.

We also offer monthly **automatic credit card** payments. Please fill out the Automatic Payment form if you are interested.

Monthly Payment Dates: August 1 thru March 1

THE KIWI KINDERGARTEN

Registration Contract

I, the undersigned obligated party, hereby request the enrollment of **Student Name** _____
in the Kiwi School for the school year _____.

TO ENROLL at the Kiwi School a **NON-REFUNDABLE registration deposit of \$500** for each child is required. This deposit is applied to the student's last tuition payment for the full school year.

In the event of early WITHDRAWAL, the registration deposit is forfeited and is NOT part of the tuition.

In the event of WITHDRAWAL due to relocation of family, tuition will be pro-rated for days attended. At this time, your registration deposit is forfeited and not considered as tuition payment. There are no refunds for absences.

In the event of non-payment of tuition within 30 days of billing, the school may require the withdrawal of the student or refuse to permit the student to attend classes. In the event of a failure to complete all tuition payments by April 1st, the student will be denied graduation participation.

After March 1st of the school year, you are bound to pay all tuition in the event of dismissal or withdrawal, unless prior arrangements for early withdrawal have been made.

An unpaid balance remaining at the end of a previous school year may be considered as a reason for denying re-enrollment of a student.

Permission is hereby granted for photographs to be taken of my child during Kiwi School activities. The Kiwi School has the right to utilize the photographs in school or display material.

The school reserves the right to cancel this contract and dismiss a child if the child exhibits unacceptable behavior which prevents our staff from safely supervising him or her.

TUITION FEES AND PAYMENTS:

Registration Deposit (*deducted from last payment*) _____

Discount(s) (*deducted from last payment*) _____

7 Monthly payments of _____
(*Due monthly starting Aug. 1st thru February 1st*)

8th (Final) payment of _____ (*Due March 1st*) _____
(*Regular payment less deposit and discounts*)

TOTAL _____

I have read and agree to all above conditions and tuition.

Name of Parent or Guardian _____

Home Address _____

_____ Phone (____) _____

Signature of Parent or Guardian _____

Name of Person(s) Financially Responsible _____

Billing Address _____

Signature of Person Financially Responsible _____