



ENROLLMENT FORM

LAGRANGE

A

	Mon.	Tues.	Wed.	Thurs.	Fri.	
FULL DAY (Two - Four Years)	___	___	___	___	___	
						Preschool Time
Preschool - Twos	___	___	___	___	___	_____
Preschool - Threes	___	___	___	___	___	_____
Preschool - Young Fours	___	___	___	___	___	_____
Preschool - Fours	___	___	___	___	___	_____
Kindergarten (5 days)	___	please circle: 8:45 - 3:15 or 7:00 - 6:00				
						Elementary School
B/A Kind.	A.M.	___	___	___	___	___
	P.M.	___	___	___	___	___
B/A School	A.M.	___	___	___	___	___
	P.M.	___	___	___	___	___

Start Date _____

Child's Name _____ Birthdate _____ Sex _____

Child's Home Address _____

Home Phone _____ Primary E-mail Address _____

Parent or Guardian's Name _____ Cell # _____

Parent's Driver's License # _____ Marital Status _____

Parent's Address (if different from child) _____

Parent's Employer _____ Occupation _____

Work Address _____ Work Phone _____

Parent or Guardian's Name _____ Cell # _____

Parent's Driver's License # _____ Marital Status _____

Parent's Address (if different from child) _____

Parent's Employer _____ Occupation _____

Work Address _____ Work Phone _____

PLEASE SEE BACK PAGE FOR REQUIRED PAYMENT INFORMATION

OVER

Child's Name _____

If neither parent can be reached in case of an emergency call:

1) Name _____ Address _____
City _____ Phone _____

2) Name _____ Address _____
City _____ Phone _____

3) Name _____ Address _____
City _____ Phone _____

Persons designated to pick up child other than parents:

1) Name _____ Address _____
City _____ Phone _____

2) Name _____ Address _____
City _____ Phone _____

Persons NOT permitted to pick up child: _____

Child's Doctor's Name: _____ Address _____
City _____ Phone _____

Child's Dentist's Name: _____ Address _____
City _____ Phone _____

Any allergies/food restrictions (i.e. vegetarian) _____

Other children in family (please list birthdate of each) _____

Previous schools attended _____ Anticipated elementary school _____

Child's arrival time _____ Pickup Time _____

PAYMENT INFORMATION

Must be completed at time of enrollment

By signing below, I authorize Kensington School to process a non-refundable \$ _____ Enrollment Fee and a \$ _____ Deposit (Full Day Program) in the following way:

- Charge my credit/debit card for a total of \$ _____. I will be given a receipt and a copy of the receipt is attached to this enrollment form.
- Charge my Tuition Express Account for a total of \$ _____. I am a current Kensington School family or I am an new Kensington School family and my Tuition Express enrollment is attached.

Parent Signature _____ Date _____

Checks and cash are not accepted at Kensington School.