



# ENROLLMENT FORM

## ST. CHARLES

A

	Mon.	Tues.	Wed.	Thurs.	Fri.	
FULL DAY (Infant - Four Years)	___	___	___	___	___	
						Preschool Time
Preschool - Twos	___	___	___	___	___	_____
Preschool - Threes	___	___	___	___	___	_____
Preschool - Fours	___	___	___	___	___	_____
Kindergarten (5 days)	___	please circle: 8:45 - 3:15 or 6:30 - 6:30				
						Elementary School
B/A Kind	A.M.	___	___	___	___	_____
	P.M.	___	___	___	___	_____
B/A School	A.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.*