**REGISTRATION FORM**

**Kids of the Kingdom Day School**

**2017-2018**

**Child Information:**

Child’s Name:

Last First Middle

Address:

Phone: Email:

Child’s Birthday:

Mother’s Name:

Address (if different from above):

Phone:

Home Cell Work

Father’s Name:

Address (if different from above):

Phone:

Home Cell Work

Local Emergency Contact: (other than parents)

Name Relationship Phone

Physician:

Name Phone

Insurance Provider: Policy/Group#:

Allergy/Health Concerns:

Please return this form along with a copy of your child’s vaccination records and ***non-refundable*** registration fee to:

Kids of the Kingdom Day School

Faith Lutheran Church

2349 Old Turnpike Road

Lewisburg, PA 17837

Call the school administrator at (570) 523-0907 for further information.

**2017-2018 Registration Information:**

**REGISTRATION FEE** for all classes is due at the time of registration. Registration fees are ***non-refundable***. The fees are as follows:

**$40 for one child**

**$20 per each additional child**

**CLASS SCHEDULE TUITION**

**Toddler Class** Monday/Wednesday/Friday $147/month

9:00-11:30 a.m.

Tuesday/Thursday $105/month

9:00-11:30 a.m.

**Preschool Class**  \*\*Monday/Wednesday/Friday $147/month

9:00-11:30 a.m.

\*\*Tuesday/Thursday $105/month

9:00-11:30 a.m.

\*\* sign up for both options for 5 day $189/month

program

Monday/Wednesday/Friday $147/month

12:15-2:45 p.m.

**Pre-Kindergarten** Monday-Friday $189/month

9:00-11:30 a.m.

Tuesday/Thursday Extension $273/month

11:30-2:00 p.m.

(this extension is only an option for those attending

the Monday-Friday morning pre-kindergarten class)

Monday/Wednesday/Friday $147/month

12:15-2:45 p.m.

**There is a minimum number of students needed to start each class mentioned above.**

I understand that I am registering my child to attend Kids of the Kingdom Day School for the 2017-2018 school year. Final placement of my child will be at the discretion of the Kids of the Kingdom Day School. Admission to Kids of the Kingdom Day School shall be made without regard to race, religious creed, handicap, national origin, socio/economic status or gender.

Signature of Parent/Guardian:

**2017-2018 School Year**

**For office use only:**

**Date Enrolled: Registration fee paid:**