

Age limitations may apply

REGISTRATION & MATERIALS FEE:



►	STUDENT:			Male	e 🗌 Fen	nale Birth D	ate:		
	Place of Birth:			_					
►	PARENT/GUARDIAN 1:				<u>S.S.#</u>				
	OCCUPATION:			_	EMPLO	YER:			
	HOME#()	_	WORK#()			CELL	# <u>()</u>		
	Email address								
►	PARENT/GUARDIAN 2:				_S.S.#				
	OCCUPATION:			_	EMPLOYER:				
	HOME#()		WORK#()			CELL	# <u>()</u>		
	Email address								
MAILING ADDRESS:									
Please indicate if parents have different addresses									
The school year begins Monday, August 27, 2018 and ends Thursday, June 13, 2019.									
MONTHLY TUITION									
2 DAYS	9:00am - 1:00pm	\$455		FULL I	DAY	7:00am-6:00pm	\$660		
3 DAYS	9:00ам- 1:00рм	\$595		FULL I	DAY	7:00am-6:00pm	\$795		
4 DAYS	9:00am - 1:00pm	\$760		FULL I	DAY	7:00am-6:00pm	\$960		
5 DAYS	9:00am - 1:00pm	\$865		FULL I	DAY	7:00am-6:00pm	\$1070		
Extended hours are available from 7:00am until 9:00am and from 1:00pm until 6:00PM at \$7.00 per hour									

Parents assume responsibility for full payment of winter and spring breaks, and any other legal holidays.

\$250.00 (non-refundable) - Includes Classroom consumables, Cooking fee,

Yearbook, and Assemblies.

Childcare is provided during these breaks at an additional cost.

Parent's Signature Date: +

For New Students

In order for us to become acquainted with you and your child, we would appreciate if you would take a few moments to answer **ALL** of the questions as completely as possible.

1.	. How did you hear about Kirk O' The Valley School?						
2.	What other school(s) did you review?						
3.	What influenced your decision to apply to Kirk O' The Valley?						
4.	Has your child ever been involved with a playgroup or preschool?Name of school and date of attendance						
	Please describe the experience						
5.	Child's favorite activities, likes, dislikes, fears, etc.						
6.	What language is spoken at home?						
7.	Describe the general temperament of your child (outgoing, shy, etc.)						
8.	What are your child's food likes or dislikes?						
9.	Does your child have allergies?						
	Has your child had any health concerns, major illness or injuries?						
11	Was your shild memoture? If yas, how months						
	11. Was your child premature? If yes, how many months						
12. Are there any recent major family changes?							
13.	In what way can we help your child this year?						
14.	Is your child potty trained?						
15. Please list the names and ages of the child's siblings							