

Joy of Learning Preschool

Registration Form 3-4 year-old Class 2020-2021

Please complete the following form and return with the non-refundable registration/supply fee of \$60. Make checks payable to Joy of Learning Preschool or pay with Venmo (@JoyOfLearningPreschool). This will hold a spot for your child. (Return forms to Janice Robinson, 476 W. 2540 N., Lehi, UT 84043.)

Student Name: _____ Age _____ Sex: M / F
Birthday: _____ Preferred Name: _____

Home Address: _____
City: _____ State: _____ Zip: _____
Main Phone: _____

Allergies, special needs, or other information about your child/family:

Parent Name(s) _____
Mother mobile phone: _____ Father mobile phone: _____

Email Address (so I can send information about preschool)

Emergency Contact- Who can I call if there is an emergency and you are unavailable?

Name _____ Relationship to Student _____

Phone 1 _____ Phone 2 _____

Contract and Policies

I, _____, agree to register my child _____ into Joy of Learning Preschool 3-4 year-old class held on Tuesdays and Thursdays from 9-11 a.m. for the school year beginning September 1, 2020 and ending May 27, 2021. Preschool will *not* be held during Fall Break, Winter Break, and Spring Break according to the Alpine School District calendar. Tuition remains the same each month.

I agree to pay \$90 tuition per month due on the first class period of each month. Payment received after the second week of class for the month will be charged a \$10 late fee. I understand that if my child is unable to attend preschool for any reason, I will not be refunded my tuition.

To hold a place for my child in this program and pay for school supplies and field trips I agree to pay the registration fee of \$60, which is non-refundable.

I agree to abide by the rules and guidelines listed in the Policies and Procedures packet which has been explained and provided to me.

If you have questions or concerns please address them with the director. I want to make the preschool experience positive for you and your child.

I have read the above statements and I will abide by the statements listed on this contract.

Child's Name _____ Parent's Name _____

Parent Signature: _____ Date: _____

Return to: Joy of Learning Preschool

Janice Robinson, Director

476 W. 2540 N.

Lehi, UT 84043

Phone: 801-734-0387