

REGISTRATION FORM 2010

This form can be used to register two children. If you wish to register more than two, you may attach information to this form.

FIRST CHILD _____ CURRENT GRADE _____ AGE AS OF 6/1/2010 _____ YRS. _____ MOS.
 SECOND CHILD _____ CURRENT GRADE _____ AGE AS OF 6/1/2010 _____ YRS. _____ MOS.
 PARENTS' NAMES _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____ EMERGENCY NUMBER _____

Please use schedule on page 2 when listing codes.

FIRST CHILD'S COURSES(S):

SECOND CHILD'S COURSES(S):

CODE	COURSE NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CODE	COURSE NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	EACH COURSE AT \$155	=	_____
_____	ADVENTURES IN SCIENCE (\$335)	=	_____
_____	MUSICAL THEATER (\$335)	=	_____
_____	DOMINO PHYSICS (\$335)	=	_____
_____	MARBLE MACHINE MADNESS (\$325)	=	_____
_____	MATERIALS FEES AT \$10 or \$15 or \$20	=	_____
_____	REGISTRATION FEE AT \$30 PER FAMILY	=	\$30.00
_____	EARLY CARE AT \$30 PER WEEK	=	_____
_____	EXTENDED DAY AT \$90 PER WEEK	=	_____
_____	LATE CARE AT \$75 PER WEEK	=	_____
_____	FULL TIME PROGRAM AT \$1095	=	_____
_____	K.I.T.E. TUITION FEE (\$325)	=	_____
_____	TAX-DEDUCTIBLE CONTRIBUTION (Applied to Scholarships)	=	_____
_____	10% THIRD CHILD DISCOUNT (if applicable)	=	_____

_____ I would like to receive future correspondence (June confirmation letter, etc.) via e-mail. My address is _____
 @ _____

 Parent's signature

 Date

Please make checks payable to **KALEIDOSCOPE** and mail directly to:

KALEIDOSCOPE
BOX 506
ANDOVER, MA 01810

Note: If you have questions, please call 978-475-1422 WEEKDAYS and WEEKENDS.
 (Please leave a message.)

_____ **TOTAL ENCLOSED**

Website: www.kaleidoscopekids.com

Note: If you e-mail or fax this form, the check must be received within 48 hours to confirm registration. Payment can also be made on line via PayPal.