



# REGISTRATION FORM 2018

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 6/1/2018 \_\_\_\_\_ YRS. \_\_\_\_\_ MOS.  
 SECOND CHILD \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_ AGE AS OF 6/1/2018 \_\_\_\_\_ YRS. \_\_\_\_\_ MOS.  
 PARENTS' NAMES \_\_\_\_\_ EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMERGENCY NUMBER \_\_\_\_\_

**FIRST CHILD: (ALLERGIES: \_\_\_\_\_)**

**CODE (see p.2) COURSE NAME**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SECOND CHILD: (ALLERGIES: \_\_\_\_\_)**

**CODE (see p.2) COURSE NAME**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	REGISTRATION FEE @ \$30 PER FAMILY	=	_____	\$30.00
_____	EACH A.M. OR P.M. COURSE @ \$195	=	_____	
_____	EACH SPECIAL OFFERING @ \$235	=	_____	
_____	EACH FULL-DAY COURSE @ \$405	=	_____	
_____	EACH FIREWORKS COURSE (July 2,3,5,6) @ \$355	=	_____	
_____	TOTAL MATERIALS FEES	=	_____	
_____	EARLY BIRD (7:45-9:00 A.M.) @ \$50 PER WEEK	=	_____	
_____	EARLY CARE (8:00-9:00 A.M.) @ \$40 PER WEEK	=	_____	
_____	EXTENDED DAY (2:30-5:00 P.M.) @ \$120 PER WEEK	=	_____	
_____	LATE CARE (5:00-6:00 P.M.) @ \$75 PER WEEK	=	_____	
_____	K.I.T.E. TUITION @ \$415	=	_____	
_____	TAX-DEDUCTIBLE CONTRIBUTION	=	_____	
_____	10% THIRD CHILD DISCOUNT (applies to third child only)	=	_____	
_____	<b>TOTAL ENCLOSED</b>	=	_____	

*I, the undersigned parent or legal guardian of the above-named children, will not hold Kaleidoscope, its agents, servants or employees responsible for any accidents incurred during participation in the Kaleidoscope program. If parents or doctor cannot be reached in case of emergency, consent is hereby given that the student receives medical treatment and/or surgical care as recommended by physician or hospital.*

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

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

**KALEIDOSCOPE**  
**BOX 506**  
**ANDOVER, MA 01810**  
**Website: [www.kaleidoscopekids.com](http://www.kaleidoscopekids.com)**

**Note:** If you have questions, please call 978-474-6232 WEEKDAYS and WEEKENDS. (Please leave a message.)

HOW DID YOU LEARN ABOUT US?  WEBSITE  WORD OF MOUTH  BROCHURE  
 ADVERTISEMENT  CAMP FAIR  OTHER

**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 online via PayPal.**