



REGISTRATION FORM 2017

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 6/1/2017 _____ YRS. _____ MOS.
 SECOND CHILD _____ CURRENT GRADE _____ AGE AS OF 6/1/2017 _____ 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 @ \$190 = _____
 ____ EACH SPECIAL OFFERING @ \$235 = _____
 ____ EACH FULL-DAY COURSE @ \$395 = _____
 ____ EACH FIREWORKS COURSE (July 3,5,6,7) @ \$345 = _____
 ____ 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.) @ \$110 PER WEEK = _____
 ____ LATE CARE (5:00-6:00 P.M.) @ \$75 PER WEEK = _____
 ____ K.I.T.E. TUITION @ \$405 = _____
 ____ TAX-DEDUCTIBLE CONTRIBUTION = _____
 ____ FULL-TIME 3-WEEK DISCOUNT (\$110 if applicable) = _____
 ____ 10% THIRD CHILD DISCOUNT (applies to third child only) = _____
____ TOTAL ENCLOSED = _____

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

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

HOW DID YOU LEARN ABOUT US? WEBSITE WORD OF MOUTH BROCHURE
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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.