

Registration Contract **2017-2018** School Year

1. Child's Name _____ M__ F __ Birth Date _____
School _____ Grade Sept 2017 _____

2. Child's Name _____ M__ F __ Birth Date _____
School _____ Grade Sept 2017 _____

3. Child's Name _____ M__ F __ Birth Date _____
School _____ Grade Sept 2017 _____

*** Mother's Name** _____ Home # _____
Address _____ *Cell # _____ *Carrier _____
_____ Email _____

*** Father's Name** _____ Home # _____
Address _____ *Cell # _____ *Carrier _____
_____ Email _____

Contract Schedule: Can be modified only 1 time at the end of December with a \$200 schedule change fee

Program A: M__ T__ W__ Th__ F__

Program B: M__ T__ W__ Th__ F__

Program C: M__ T__ W__ Th__ F__

Program D: __ space permitting

See Tuition Schedule for Program Details

___ **Transportation** - Permission is granted for KEEPS INC., to transport my child from school to the KEEPS program. Children wait at each school for bus pick up. I understand it is my responsibility to pick my child up from KEEPS at the end of each day.

___ I have received the KEEPS Parent Handbook. I understand that it is my responsibility to read and familiarize myself with the program's policies and procedures.

Enclosed is (PLEASE CHECK):

___ **NONREFUNDABLE** Annual Registration Fee per family.

___ **NONREFUNDABLE** June tuition deposit **OR** ___ **NONREFUNDABLE** Drop-in deposit.

Signature of Parent or Guardian

Date

**KEEPS is dedicated to children of all abilities, cultures, religions, and socioeconomic status.
Parents with children requiring special assistance are encouraged to contact the Director.**