

**KINGSTON CHILDREN'S CENTER
12 CHURCH STREET, KINGSTON, NH 03848
603-642-3200**

**REGISTRATION FORM
Full time and part time childcare**

Parent(s) Names _____

Home Address _____

Home Phone # _____

Work Phone # _____

E-mail address _____

Child's Name _____ DOB _____ Classroom _____

Child's Name _____ DOB _____ Classroom _____

SCHEDULE: Please specify arrival and pick up times anticipated each day

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
_____	_____	_____	_____	_____
In Out	In Out	In Out	In Out	In Out

TERMS:

A non-refundable registration fee for each child must accompany this agreement and paid in full to ensure your child/ren's slot.

\$75.00 Registration Fee or \$125.00 Family Registration Fee _____ Start Date: _____

Children on a full time schedule are allowed a week's vacation credit after attending one full school year. Please submit vacation requests in writing. You are charged for all center closures including but not limited to holidays, weather, unexpected emergencies and the day of caring.

Children on a limited schedule less than 4 days full days per week do not receive vacation credit.

Please refer to the parent agreement for the full tuition policy.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____