



APPLICATION SUMMER 2024

Child's Name: _____ Nickname: _____

Birth date: _____ / _____ / _____ Gender: Male / Female

Home Address: _____

City & Zip: _____

Home Phone: (____) _____ Preferred daytime #: _____

First Parent/Guardian Name: _____

Place of Business: Company Name & Address: _____

Occupation: _____

Work Phone: _____ Cell Phone #: _____

Email address: _____

Second Parent/Guardian Name: _____

Place of Business: Company Name & Address: _____

Occupation: _____

Work Phone: _____ Cell Phone #: _____

Email address: _____

Weekly Tuition Rate:

Schedule	5 days/wk	3 days/wk (M/W/F)	2 days/wk (Tu/Th)
9:00am-3:00pm	____ 545/wk	____ 375/wk	____ 260/wk
3:00pm-6:00pm	____ 285/wk	____ 180/wk	____ 130/wk
8:30am-9:00am	____ 45/wk	____ 30/wk	____ 25/wk

Once registered, days may be added, depending on availability, at the drop in rate of:
\$130/day 9am-3pm; \$65/day 3-6pm; \$10/day 8:30-9am.

Week of (check all that apply):

July 8 - 12 _____ July 29 - Aug 2 _____ August 12 - 16 _____
July 15 - 19 _____ August 5 - 9 _____ August 19 - 23 _____
July 22 - 26 _____

To reserve your spot, the full payment is due. Make checks payable to "Kids' Canvas" or request an invoice to pay online. Invoices can be paid online using a bank transfer or credit card. Credit card transactions will incur a 3% processing fee. Payments are non-refundable.

FOR OFFICE USE: RECEIVED ON ____/____/20____

Child's Name _____DOB_____Gender_____

Please help us get to know your child by answering the following questions:

If child does not live with both parents, please describe family situation

List any siblings, their ages and where they attend school. Previous KC student?

List any languages other than English that your child speaks.

Briefly describe your child's personality and temperament.

Briefly describe your child's previous school experiences/organized/group activities.

Is your child able to separate from you comfortably? How have you supported your child with transitions/separations in the past?

Child's Name _____ DOB _____ Gender _____

What are some of your child's interests?

How does your child play/work with others? (leader, follower, makes friends easily, etc.)
Is there anything else you would like to share that would help us know your child?

Is your child receiving any special services? (e.g. speech, SEIT, occupational therapy)
Any special medical needs or allergies?

What are your hopes/expectations for your child's experience at Kids' Canvas?