

KIDSTAGE PRESCHOOL ARTS ADVENTURES REGISTRATION FORM

Please circle correct options and enter current year:

Everett

Spring | Summer | Fall | Winter 20 ____

Adult Name _____

Address _____

City _____ State _____ Zip _____ Adult Email _____

Home Phone (____) _____ Alt. Phone (____) _____

Adult Employer(s) (optional) 1) _____ 2) _____

Student's School _____ District _____

How did you learn about our program? _____

STUDENT NAME(S)	M/F	BIRTHDATE*	FEE: \$300	PAYMENT SCHEDULE \$100 per month

*Student should be 4 years of age by the start of each class session.

Payment Information: Check # _____ Charge my Visa Mastercard American Express

Card # _____

Exp. Date _____

Signature _____

Important Note: Please read CAREFULLY!

Once class is 70% enrolled, you will receive confirmation by mail or email. Your tuition includes a non-refundable \$50 deposit. If you cancel your registration in its entirety any time after it has been processed, up to and including the first day of class, your tuition will be refunded less the deposit. Cancellations after the second class day require 30 days notice for refund of remaining month(s).

SUBTOTAL	_____
10% discount when registering more than one student in Preschool Arts Adventures from the same family. (Not valid with any other offers.)	
Tax deductible donation:	_____
TOTAL DUE	_____
TOTAL ENCLOSED	_____
BALANCE DUE before 1st day of class	_____

TO REGISTER:

mail to: 2710 Wetmore Avenue, Everett, WA 98201 or call: (425) 257-6371

OFFICE USE ONLY	REC'D: _____	LIST: _____	PROC: _____	CONFIRMED: _____
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