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Magical Moments Preschool, Inc.

4503 State Route 42, Mason, OH 45040 – (513) 459-9426
2016 – 2017 Registration Form

Child's Name:	Mother's Name:	Father's Name:
Address:	Address:	Address:
City/State/Zip	City/State/Zip	City/State/Zip
Home Phone:	Home Phone:	Home Phone:
Birthdate: M F	Cell Phone:	Cell Phone:
Siblings Names:	Business Address:	Business Address:
Siblings Ages	Business Phone:	Business Phone:
Class Desired: 1st 2nd	Hobbies:	Hobbies:

How did you hear of Magical Moments Preschool? ____ Friend/Family ____ Website ____ Facebook
____ Axis Church ____ Sign ____ Other

Parent Agreement: This agreement is made between the parents and/or guardian(s) of the above named child and Magical Moments Preschool, Inc. for the purpose of providing a supervised preschool education.

Parent Responsibility: Parents agree to provide appropriate health forms completed as set forth by the State of Ohio and returned to Magical Moments Preschool by August 15th.

Registration/Tuition: Parents agree to pay a registration fee of $____ due upon registration and parents understand that this fee is NON-REFUNDABLE.

Parents agree to pay a monthly tuition of $___. September and May tuitions are due by August 15th. September's tuition is NON-REFUNDABLE as of August 15th.. May tuition is refundable when the released slot is filled. Tuition is due on the 1st of each month from October 1st through April. There will be a late fee of $25.00 for tuition not paid by the 10th of each month.

Responsibility of Magical Moments Preschool, Inc.: Magical Moments will provide a developmentally appropriate education, instruction, supplies and the physical facility for the school year. If after a thirty-day period the child shows no sign of adapting to the preschool, registration may be revoked at the sole and absolute discretion of Magical Moments Preschool, Inc.

This completed form and paid registration fee in agreement with the above listed responsibilities secures a class spot for your child. Check #_____.

Email Address _____ _____

_____ _____

Parent Signature Date

_____ _____

Director, Magical Moments Preschool, Inc. Date