

	The Knowledge Nest 603 South Main Kalispell, MT 59901 406.407.8850 email: theknowledgenest@gmail.com ~Follow us on Facebook~	<u>For Office Use Only:</u>		Student:	
		Program Selection:			
		Owlets		Fledglings	
		SY:	Complete Registration Packet:	Initial Deposit	

THE KNOWLEDGE NEST: Registration Packet

Parents/Guardians, please fill out and submit this registration packet to complete the enrollment process.

<u>Program Selection:</u>	Preschool Owlets: (3/4yrs) Days: Monday & Wednesday Time: 8:45am - 11:45am	Preschool Fledglings: (4/5yrs) Days: Tuesday - Wednesday - Thursday Time: 8:45am - 12:15pm	
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Student Information:

STUDENT NAME: (last/first)	AGE:	Date of Birth:
Physical Address:		
Mailing Address (if different):		

Parent/Guardian Information:

Parent/Guardian #1: Name (last/first)	Phone #:	Email address:
Employer:	Employer Phone #:	Notes:

Parent/Guardian #2: NAME (first/last)	Phone #:	Email address:
Employer:	Employer Phone #:	Notes:

Emergency Contact Information:

Emergency Contact: NAME (first/last)	Phone #(s):	Relationship to Student
Address:	Employer & Phone #:	Notes:

EMERGENCY PERMISSIONS & LIABILITY RELEASE: I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to participate in The Knowledge Nest program activities and authorize and appoint the program directors and/or instructors as Attorneys in Fact and agents for the undersigned to consent to medical, surgical and/or dental examinations, in addition to any and all other treatments that may be deemed necessary by medical personnel. In case of emergency, I authorize The Knowledge Nest Preschool staff to give my child emergency care. Should it be necessary, I authorize the teaching staff at The Knowledge Nest Preschool to seek and obtain medical or emergency care, on site or from an outside location. I will be responsible for whatever expenses incurred. It is understood that participation involves an element of risk and a danger of accidents. Knowing those risks, I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge The Knowledge Nest, its representatives, employees and other constituents from any and all liability resulting in injury associated with my dependent's participation. I understand it is my responsibility to inform The Knowledge Nest personnel of any medical conditions, allergies, food restrictions or any other special needs my dependent may have.

Date: _____ Signature: _____

ON AND OFF SITE PERMISSION I give the staff of The Knowledge Nest Preschool permission to take my child for outdoor activities (such as nature walks) both on and off the premises of The Knowledge Nest Preschool.

Date: _____ Signature: _____

PHOTO & VIDEO RELEASE

I grant The Knowledge Nest and its employees the right to photograph or video my dependent, and use such photographs or videos of my dependent with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media and Web content. I hereby release and discharge The Knowledge Nest from any and all claims and demands arising out of or in connection with the use of photographs, videos and/or comments, including without limitation any and all claims for libel or invasion of privacy. I release The Knowledge Nest and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of The Knowledge Nest. I have read and understand the terms of this release.

Date: _____ Signature: _____

PRESCHOOL Program - Full School Year Options - TUITION AGREEMENT -

1. I understand this placement is for one school year.
2. I agree to make 9 monthly tuition payments through the course of my child's participation in school.
3. I understand the monthly tuition is based on a yearly sum, and there will be no adjustments due to absences of my child, or routine non-school days as reflected on the school calendar. Payments are to be made, according to the payment schedule, regardless of the actual number of school days scheduled or attended in any given month. There are no individual reimbursements/credits or proration of payments due to your child's absence from the program (e.g. illness or vacation). Some rare exceptions may apply (e.g. absent for more than 2 consecutive weeks due to hospitalization).
4. Tuition is due no later than the 10th of each month. A \$25 late fee will be added to the balance due for any payments received after the 10th of the month. If tuition has not been paid by the 10th of the month, your child will not be able to return to school until a partial payment and arrangements to pay have been made with staff.
5. I understand my child must be potty trained for enrollment in the program. In the event my child has more than 3 monthly accidents, he/she may be dismissed from the program.
6. To withdraw from the program, written notification must be received 14 days prior to your child's last day. A full month's tuition may be charged as a result of less than a 14 day notice.
7. There is a \$25 returned check fee for all non-sufficient funds checks. After two non-sufficient funds on checks, only money orders will be accepted.

I hereby acknowledge that I understand and agree to comply with the policies listed above. I further acknowledge and understand that I am responsible for the full amount of the monthly payment once my child is enrolled in the program.

Date: _____ Signature: _____

ADDITIONAL INFORMATION (e.g. allergies, medications, custody scenarios, private or school therapies; physical, mental, or emotional factors):