



REGISTRATION 2010-2011

Today's date: _____

Child's Name _____ Birth Date: ____/____/____

Parents/Guardian _____

Address _____

Home Phone (____) _____

E-Mail _____

Date you would prefer to start? ____/____/____ Site: St. Paul or Mpls.

Please mark your preferred options:

Full days 8:00-4:30

- ___ 5 full days \$198/wk
- ___ 4 full days \$175/wk
- ___ 3 full days \$140/wk

***Half days 8:00-11:30 or 1:00-4:30**

- ___ 5 half days \$115/wk
- ___ 4 half days \$95/wk
- ___ 3 half days \$82/wk

1 or 2 (please circle) half days at \$30/day
in addition to full days from column #1 only

Prices & Schedule valid until September 1st, 2011

*If your child will be coming to a half-day program, how many days a week do you want to add on the lunch/naptime option at the rate of \$6.00/day? (1-5 days) _____

Daily extended care 4:30-6:00 p.m at Mpls. site. is \$9.00/day

How many days a week would you like to add on 4:30-6:00 p.m. extended care (1-5 days)? _____

Please note: We must have a minimum of 5 children enrolled in extended care to offer this option.

Based on your above requests, please mark your preferred options. (X)

	Morning pre-school 8:00-11:30am	Lunch/naptime 11:30am-1:00pm	Afternoon pre-school 1:00-4:30pm	Ext. Care (Mpls.) 4:30-6:00 pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

- I understand that all **registration, enrollment, and medical forms** must be returned to Kinderstube before my child may begin a Kinderstube program. Without these forms my child cannot attend Kinderstube.

There is **non-refundable registration fee** of \$ 50.00, which is reassessed each time I leave and return to Kinderstube. For those families who have a GAI Family membership, this fee is waived the first time for each child.

Please mark your GAI membership status:

_____ We have a current GAI Family Membership.

_____ We would like to register for a new/renewing GAI Household Membership. I am enclosing a check for \$65 (\$60 with electronic newsletter). Check can be made out to GAI.

_____ No thank-you. I am enclosing a \$50 check for the Kinderstube Registration fee only.

2. **A \$ 200.00 security deposit** must be received within 5 business days of confirmation from Kinderstube of space availability in order to guarantee my child's placement and desired schedule. My deposit will be applied to the last two weeks of my child's attendance at Kinderstube. If my child is returning the coming fall, the deposit fee will be held over the summer to reserve the spot for my child. The deposit may also be transferred to a sibling.
3. **All payments are to be made in advance on a monthly basis.** Monthly tuition is for either 4 or 5 weeks, depending on the number of weeks of service in the month. Kinderstube tuition may be by check or automatic charge onto a Visa/MC/Discover debit or credit card. Check payments must be **received by Kinderstube by the 5th calendar day of the month**, or a late fee of \$20 will be assessed. Credit card payments are billed the last week before the next month of service. Payment for a drop-in is due on the day of service at pick-up.
4. **Absences cannot be rescheduled** for non-contracted days or times. This includes holidays, sick days, MEA in-service days, weather and emergency closings. Such absences are included with normal monthly tuition.
6. **Two weeks written notice** is required if my child will no longer attend Kinderstube or if our Kinderstube schedule must change. I am responsible for the tuition for those two weeks even if my child does not attend Kinderstube.
7. **Vacation Credit:** Families who have been enrolled with Kinderstube for **at least 3 months** are granted a one-week, tuition-free vacation credit to be used either during the school year or summer program. While using this credit, the child does not attend Kinderstube.
8. **Late pickup fees:** For the safety of all children in the Kinderstube program, teachers are required to be the last person out of the building. Families are expected to pick their child up and depart the building by 6:00 p.m. For departures after 6:00 p.m., the parent/guardian must pay the teacher directly at a rate of \$1.00 per minute, based on the time the family will depart the building, with a \$5.00 minimum.
9. For Families who have **County Assistance**, any balance that is not paid for by the County, the parent/guardian is responsible for the balance in full.
10. Repeated failure to pay in a timely manner may result in my child not being able attend Kinderstube.

I understand and agree to the above conditions and fees.

Parent or guardian signature: _____ Date _____

Please return this form with a check for the Registration fee or Household Membership fee to
GAI Kinderstube | 301 Summit Ave. St. Paul, MN 55102 | FAX: 651-222-6295

OFFICE USE ONLY	Amount	Check No.	Date Received
Registration Fee or Family Membership			