

Pre-School Enrichment Program 2008/09 Application

Date _____

Child's Full Name _____

Age _____ Date of Birth _____

Mother's Full Name _____

Father's Full Name _____

Caregiver's full name _____

Address: _____ Apt _____

City: _____ NJ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ other (____) _____

Email _____

(X) All that applies

____ 1 Day ____ 2 Day ____ 3 Day ____ AM ____ PM ____ Tuesday ____ Thursday ____ Fridays

Second choice

____ 1 Day ____ 2 Day ____ 3 Day ____ AM ____ PM ____ Tuesday ____ Thursday ____ Fridays

2008/09 Tuition:	\$ _____
*Annul Registration fee:	\$60
Total balance:	\$ _____
Check # _____	
*Please include the non refundable first months tuition along with the annul registration fee of \$60 to hold your child's spot	
**Sibling discounts are available!	

	Monthly	Yearly
1 day	\$125	\$1240
2 days	\$185	\$1800
3 days	\$230	\$2250

Tuition is due the first of the month. However there is a savings if you pay for 1/2 year and full year tuition in full.

	1 day	2 days	3 days
1/2 year tuition-	\$620	\$915	\$1125
Full Year tuition-	\$1240	\$1800	\$2250

Please mail & make checks out to:

Key Dreams Inc.

551 Park Ave suite #6

Scotch Plains NJ, 07076

****Placement is on a first come first serve basis. Please register early for preferred placement.**

Emergency contact numbers – you must list two, other than yourself.

Name _____
Address _____
Home Phone _____
Cell Phone _____
Relation to Child _____

Name _____
Address _____
Home Phone _____
Cell Phone _____
Relation to Child _____

Name _____
Address _____
Home Phone _____
Cell Phone _____
Relation to Child _____

Child's Pediatrician

Name _____
Address _____
Phone _____
Hospital Affiliation _____

Insurance and Safety: The safety and care of your child is our most important goal. We strive to conduct all programs safely and we expect all involved to follow and reinforce all safety rules and instructions which are designed to protect all the participants and foster an atmosphere for learning. We carry general liability insurance for its operations; however please be advised that we do not carry medical insurance for injuries that may be sustained in it programs. It is each participant's responsibility to review their own insurance policy on its coverage.

Release from Liability: I (the participant and/or the participants guardian) recognize and accept that I fully understand and accept that there is a risk inherent in participation in group and/or physical activity, including classes offered by Key Dreams, Inc./ Giochiamo In Italiano and/or its affiliates. I fully agree and understand and assume the full risk of any physical injury, damage, or less regardless of severity, which I or my child may sustain as a result of participation in any and all activities connected with or associated with any Key Dreams, Inc/ Giochiamo In Italiano and/or its affiliates programs. I, the undersigned, on behalf of myself, my spouse, my child(ren), and any caregiver or other person attending my child, hereby and forever waive, relinquish, and fully release and discharge, Catiana Celentano, Key Dreams, Inc/ Giochiamo In Italiano and/or its affiliates, directors, instructors, staff, and the landlords, agents and employees of the facilities in which classes are held, from any and all liability or claims resulting from any and all bodily injury, personal injury, property damage, medical expenses, or other loss sustained in connection with such classes or programs.

Permission to Secure Treatment: In the event of emergency, I authorize Key Dreams, Inc/ Giochiamo in Italiano and/or its affiliates and/or personal to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's immediate care & I assume full responsibility for payment of all medical services rendered. I fully understand that it is my total responsibility to notify, in writing, any medical precondition and/or any allergy that any participant may have.

I have read and fully understand the Safety and Insurance, Release from Liability and Permission to Secure Treatment and understand due to the small size of our classes, that all tuition and fees are non-refundable. I also understand that is fully within my right to have this reviewed by my attorney.

Signature of Parent or Legal Guardian of Child _____

Printed name of Parent or Legal Guardian of Child _____

Date _____