



725-727 Granite Street, Braintree, MA 02184
 Phone: 781-971-5178 ; Fax: 781-971-5186
 Email: admin@kiddosland.us ; Website: http://www.kiddosland.us/

Enrichment Programs Application Packet

Today's Date: _____ Intended Start Date: _____

Child's Name: (First) _____ (Last) _____

Child's Date of Birth: _____ Current Age: _____

Current School: _____ Grade Level: _____

Child's Schedule:

<input type="checkbox"/> 2 *Full/Half Day	<input type="checkbox"/> 3 *Full/Half Day	<input type="checkbox"/> 4 *Full/Half Day	<input type="checkbox"/> 5 *Full/Half Day
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday			

* Please delete one if inapplicable. ** Please check any if applicable.

Enrichment Programs Information

Please check the registration options below:

Registering for:

<input type="checkbox"/> Mandarin Chinese Program	<input type="checkbox"/> Piano Lesson
<input type="checkbox"/> Math Tutoring Program	<input type="checkbox"/> Ballet Class
<input type="checkbox"/> Literacy Reading Program	<input type="checkbox"/> Yoga Class
<input type="checkbox"/> Science Program	<input type="checkbox"/> Arts & Crafts Program
<input type="checkbox"/> Mandarin Movement	<input type="checkbox"/> Mandarin Chinese Book Club

Enrichment Program Fees & Tuition Schedule

Please check the registration options below:

Enrichment Programs	Fall Session (Sept - Jan)	Spring Session (Feb - June)	School Year (Sep t- June)
<input type="checkbox"/> Mandarin Chinese Program (2 lessons/week)	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	<input type="checkbox"/> \$680
<input type="checkbox"/> Math Tutoring Program (1 lesson/week)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$360
<input type="checkbox"/> Math Tutoring Program (2 lessons/week)	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	<input type="checkbox"/> \$680
<input type="checkbox"/> Literacy Reading Program (1 lesson/week)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$360
<input type="checkbox"/> Literacy Reading Program (2 lessons/week)	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	<input type="checkbox"/> \$680
<input type="checkbox"/> Science Program (1 lesson/week)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$360
<input type="checkbox"/> Science Program (2 lessons/week)	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	<input type="checkbox"/> \$680
<input type="checkbox"/> Arts & Crafts Program (1 lesson/week)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$360
<input type="checkbox"/> Arts & Crafts Program (2 lessons/week)	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	<input type="checkbox"/> \$680
Total:	\$	\$	\$

*** Mandarin Chinese Book Club is FREE when signing up for Mandarin Chinese/Movement Programs.**

Other Fees:

Only for Mandarin Chinese Program: Mandarin Chinese Textbook & Learning Materials	\$40
Only for Math Tutoring Program: Math Textbook & Learning Materials	\$40

Enrichment Program Fees & Tuition Schedule

Please check the registration options below:

Piano Lesson	Tuition Fee	Minimum Sign up	5% Discount	10% Discount
Semi-Private - 30mins	<input type="checkbox"/> \$20/lesson	<input type="checkbox"/> 4 lessons	<input type="checkbox"/> 8-20 lessons	<input type="checkbox"/> 21+ lessons
Semi-Private - 45mins	<input type="checkbox"/> \$30/lesson	<input type="checkbox"/> 4 lessons	<input type="checkbox"/> 8-20 lessons	<input type="checkbox"/> 21+ lessons
Group (3) - 30mins	<input type="checkbox"/> \$15/lesson	<input type="checkbox"/> 4 lessons	<input type="checkbox"/> 8-20 lessons	<input type="checkbox"/> 21+ lessons
Group (3) - 45mins	<input type="checkbox"/> \$25/lesson	<input type="checkbox"/> 4 lessons	<input type="checkbox"/> 8-20 lessons	<input type="checkbox"/> 21+ lessons
Total:	\$ X	lessons = \$	(— % Discount) = \$	

Enrichment Program Fees & Tuition Schedule

Please check the registration options below:

Other Programs	Tuition Fee	Minimum Sign up	5% Discount	10% Discount
Yoga - 45mins	<input type="checkbox"/> \$12/lesson	<input type="checkbox"/> 4 lessons	<input type="checkbox"/> 8-20 lessons	<input type="checkbox"/> 21+ lessons
Yoga - 60mins	<input type="checkbox"/> \$15/lesson	<input type="checkbox"/> 4 lessons	<input type="checkbox"/> 8-20 lessons	<input type="checkbox"/> 21+ lessons
Ballet - 45mins	<input type="checkbox"/> \$12/lesson	<input type="checkbox"/> 4 lessons	<input type="checkbox"/> 8-20 lessons	<input type="checkbox"/> 21+ lessons
Ballet - 60mins	<input type="checkbox"/> \$15/lesson	<input type="checkbox"/> 4 lessons	<input type="checkbox"/> 8-20 lessons	<input type="checkbox"/> 21+ lessons
Mandarin Movement - 45mins	<input type="checkbox"/> \$12/lesson	<input type="checkbox"/> 4 lessons	<input type="checkbox"/> 8-20 lessons	<input type="checkbox"/> 21+ lessons
Mandarin Movement - 60mins	<input type="checkbox"/> \$15/lesson	<input type="checkbox"/> 4 lessons	<input type="checkbox"/> 8-20 lessons	<input type="checkbox"/> 21+ lessons
Total:	\$ X	lessons = \$	(— % Discount) = \$	

Additional Discount

Sign up for 3 – 4 Enrichment Programs	5% off in total
Sign up for 5 or more Enrichment Programs	10% off in total
* This additional discount only applies to one-time registration.	

Classes are generally filled on a first come, first serve basis. If registering for more than one class, please put classes in order of preference.

Class 1: _____

Class 2: _____

Class 3: _____

Class 4: _____

Class 5: _____

Class 6: _____

Class 7: _____

Program(s) Cost: \$ _____

Total Paid: \$ _____ Check Number: _____

* Checks or Money Orders are to be made payable to **Kiddosland Child Development Center** and submitted at the time of application. Please write a separate check for each class. No refunds will be made once the class has begun.



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Enrichment Programs Permission and Agreement

By signing below, I, _____ (Parent/Guardian's Print Full Name) acknowledge and agree to the following:

I understand my child, _____ (Child's Full Name) is expected to participate and comply with the behavioral guidelines from the teacher(s)/instructor(s). I will be notified of major issues. (* If your child has unique social, emotional or behavioral needs that you feel the teacher(s)/instructor(s) should be familiar with, please write a note here _____

I understand that if misbehavior continues, my child may be dropped from the program with no refund.

I understand that if my child drops out of the program after it starts, there will be **NO REFUND** of my tuition fee(s).

I agree to notify Kiddosland staff and/or the instructor(s) if my child will not attend their enrichment program class(es) on any given day.

I understand **NO REFUNDS or ADJUSTMENTS** will be made for illnesses, days absent, holidays, professional development days, and days closed/delayed openings due to inclement weather, or closure emergencies and/or other delays.

Parent/Guardian Signature

Date



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THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

Program: Kiddosland Child Development Center

Name of Educator(s) responsible for child: _____

Name of off-site location and address: _____

Date of off-site activity: _____ Time Leaving Program: _____ Time Returning to Program: _____

Method of Transportation: _____ Fee associated with activity (if any): _____

****NOTE**** Each child must carry on his/her person the name, address, and telephone number of staff or child care program whenever she/he is off the premises in care of the program.

Section 2 – Parent/Guardian completes prior to off-site activity

I give permission for my child to attend the above identified off-site activity

Child's Name: _____ Child's Date of Birth: _____

Parent's/Guardian's Name: _____ Phone Number: _____

I authorize Kiddosland staff to secure necessary emergency medical treatment

Name of child's Physician, Address, phone number: _____

Child's allergies, health conditions, or Individual Health Plan: _____

Health Insurance Plan and Policy #: _____

Emergency Contact Name: _____ Contact #: _____

(Parent/Guardian Signature) (Date)

This form must accompany each child on the off-site activity