

Kids' Co-op Preschool 2024-2025 Registration Form

4316 N. Decatur Blvd.
Las Vegas, NV 89130

Office: 702-656-6600
Fax: 702-656-6669

info@kidscoop.org
www.kidscoop.org

Registration Dates:

Current Members: February 20-23
Alumni Enrollment: February 26
Waitlist Enrollment: February 27
Open Enrollment: February 28

Child's Name: _____ Birth Date: _____ Age _____
Last First Middle

Sex: Male Female Age of child on August 1, 2024: _____

Parent/Guardian 1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Occupation/Position: _____

Employer: _____

Work Phone: _____

E-mail address: _____

Parent/Guardian 2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Occupation/Position: _____

Employer: _____

Work Phone: _____

E-mail address: _____

How did you hear about Kids' Co-op? _____

Morning Class | Please circle choice of class:

Class *	Day	Time	Monthly Tuition AM Only
2's	T/Th (2 days)	9:00am – 12:00pm	\$257
2's *	T/Th/F (3 days)	9:00am – 12:00pm	\$367
Multi (2/3's)	M/W/F (3 days)	9:00am – 12:00pm	\$367
3's	M/T/W/Th (4 days)	9:00am - 12:15pm	\$487
3's *	M/T/W/Th/F (5 days)	9:00am – 12:15pm	\$621
Multi (3/4's)	M/T/W/Th (4 days)	9:00am - 12:15pm	\$487
Multi (3/4's)*	M/T/W/Th/F (5 days)	9:00am - 12:15pm	\$621
4's (Pre-K)	M/T/W/Th/F (5 days)	9:00am – 12:30pm	\$621

If your first choice class is unavailable, please write your 2nd choice: _____

- * Classes marked with an asterisk: Friday class is a multi age 2,3,4 year old class
- 3/4 Multitage class: Children must be potty trained (exceptions made with a documented medical condition). Children should demonstrate age-appropriate skills as indicated on the Skills Checklist.
- 4's Pre-K class: children must be potty trained (exceptions made with a documented medical condition).

Afternoon Class | Please circle the day(s) you would like your child to attend FULL day:

Pick up time for children attending in the afternoon is 3:30pm.
Children must be 3 years old to attend full day programming.

Monday	Tuesday	Wednesday	Thursday	\$44 per day chosen (billed monthly)
--------	---------	-----------	----------	--------------------------------------

Program	Monthly Tuition	Payment due
5 Day Morning Class	\$621	1 st of the month
4 Day Morning Class	\$487	1 st of the month
3 Day Morning Class	\$367	1 st of the month
2 Day Morning Class	\$257	1 st of the month
Afternoon Class (per # of day(s) chosen)	\$44/day	1 st of the month
Multiple Child Discount (subtract \$20 for each sibling)	-\$20	
Total Due on August 1st		\$
Non-Refundable Fees	Yearly	Payment due
Registration Fee (<i>Returning Family</i>) \$100.00 due at sign-up \$200.00 due by July 1 st	\$300	
Registration Fee (<i>Returning Family; Additional Child due at sign-up</i>)	\$50	
Registration Fee (<i>New Family</i>) \$100.00 due at sign-up \$300.00 due by July 1 st	\$400	
Registration Fee (<i>New Family; Additional Child due at sign-up</i>)	\$50	
Waiting List Fee (one fee per family – applied to 1 st month tuition)	\$30	
Supply fee	\$45	Due July 1 st
Total due today		\$

- * **Children will be placed in classes according to their age on or before August 1, 2024.**
- *Kids' Co-op reserves the right to cancel a class when fewer than 6 children are enrolled.*
- *Class placements are made on a seniority basis for current members in good standing.*
- *Children enrolled in full day must provide their own lunch. Lunch is not provided by the school.*

I, _____, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

In addition to monthly tuition, I understand that I will also be obligated to participate in mandatory fundraisers, participate in the classroom, fulfill a committee position, and fulfill parenting class requirements.

I understand that this form is for registration and/or waitlist purposes only and in no way represents a contract between the Kids' Co-op and the registering family. In addition, I understand that all waitlist, registration, key fob, and building fees are non-refundable and not prorated.

Parent/Guardian's Signature: _____ Date: _____

***** I am also interested in:**

- Working Parent Buyout** (pay an additional monthly fee to be exempt from working in the classroom) \$175 per month.
 - Working Parent Tuition Credit** (receive tuition credits for working additional shifts) Credit: \$35 per shift.
 - Committee Buyout** (pay an additional fee to be exempt from working a committee position) Cost: \$2,000/year
- *Please note: Limited number of buyouts available.*

FOR OFFICE USE ONLY		Check # _____
Date Rec'd: _____	Family Reg. Date: _____	Assigned Class: _____
Start Date: _____ Current Member / Alumni / Waitlist / Public		