



904 Main Street Suite 6
Billings, MT 59105
(406) 252-8008
www.billingsdropin.com

Heights Drop-In Preschool Registration Form

September 2018 – May 2019 School Year

Student's Name: _____

Age: _____ Date of Birth: _____ Male/Female: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Phone #: _____

E-mail Address: _____

Allergies: _____

Please check the class you would like to sign your child up for.

Tue & Thu 9:00 to 11:00 am (3-4 year) Monthly Tuition \$130 Registration Fee \$40

Mon, Wed, Fri 9:00 to 11:30 am (4-5 year) Monthly Tuition \$180 Registration Fee \$40

Please return this completed and signed form with your first month's tuition and registration fee to reserve your child's spot.

Acknowledgements and Waivers

I acknowledge that the monthly tuition is due by the 1st of every month for that month's attendance. If tuition is not received by the 5th then that child's attendance will be suspended until tuitions are paid in full and a late fee of \$20 will be assessed. If tuition is not paid by the 10th of that month then Heights Drop-In Preschool reserves the right to terminate that child's spot. If you wish to withdrawal from any of the preschool classes a 30 day written notice is required.

I give my permission for my child to participate in all preschool field trips that are scheduled. I understand that my child may travel in a private vehicle by a teacher or parent associated with the preschool class. If I do not want my child to participate in a specific trip, I will notify the teacher 24 hours before the trip is scheduled.

I recognize and acknowledge that there are certain risks of physical injury and I voluntarily agree to assume the full risk of any injury that my minor child may sustain as a result of participating in any and all activities connected with or associated with this preschool program.

I have read and understand the acknowledgments and waivers above.

Signature of Parent/Guardian: _____

Date: _____
