## **Kids' Co-op Preschool 2025-2026 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 18-21

Alumni: February 24

Waitlist Enrollment: February 25 Open Enrollment: February 26

| Child's Name:           |                |                       | В                                 | irth Date:                      | Age             |  |  |
|-------------------------|----------------|-----------------------|-----------------------------------|---------------------------------|-----------------|--|--|
|                         | Last           | First                 | Middle                            |                                 |                 |  |  |
| Sex:                    | ☐ Male         | ☐ Female              | Age of c                          | Age of child on August 1, 2025: |                 |  |  |
| Parent/Guardian 1 Name: |                |                       | Parent/Guardiar<br>Name:          |                                 |                 |  |  |
| Address:                |                |                       |                                   | Address:                        |                 |  |  |
|                         | ity:Zip:       |                       |                                   |                                 | Zip:            |  |  |
| Home Phone:             |                |                       | _ Home Phone:                     | Home Phone:                     |                 |  |  |
| Cell Phone:             |                |                       | _ Cell Phone:                     | Cell Phone:                     |                 |  |  |
| Occupation/Position:    |                |                       | _ Occupation/Posit                | Occupation/Position:            |                 |  |  |
| Employer:               |                |                       | _ Employer:                       | Employer:                       |                 |  |  |
| Work Phone:             |                |                       |                                   | Work Phone:                     |                 |  |  |
| E-mail address:         |                |                       |                                   | E-mail address:                 |                 |  |  |
| How did you hea         |                |                       |                                   |                                 |                 |  |  |
|                         | about that     | ос ор                 |                                   |                                 |                 |  |  |
|                         |                | Morning Class   I     | Please circle choice of clas      | s:                              |                 |  |  |
| Class *                 | D              | ay                    | Time                              | Monthly                         | Tuition AM Only |  |  |
| 2's                     | T/Th (2        | 2 days)               | 9:00am – 12:00pm                  |                                 | \$265           |  |  |
| 3's                     |                | (3 days)              | 9:00am - 12:15pm                  |                                 | \$378           |  |  |
| 3's                     | T/W/Th/F       | (4 days)              | 9:00am – 12:15pm                  |                                 | \$502           |  |  |
| Multi (3/4's)           |                | h (4 days)            | 9:00am - 12:15pm                  |                                 | \$502           |  |  |
| Multi (3/4's)           |                | /F (5 days)           | 9:00am - 12:15pm                  |                                 | \$640           |  |  |
| 4's (Pre-K)             | M/T/W/Th       | /F (5 days)           | 9:00am – 12:30pm                  |                                 | \$640           |  |  |
| If your first choice    | e class is una | vailable nlease w     | rite your 2 <sup>nd</sup> choice: |                                 |                 |  |  |
| , Jui mot onoic         | Judo io dila   | · a.i.abio, pioaoc ii |                                   |                                 |                 |  |  |

## 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 |  | \$65 per day chosen<br>(billed monthly) |
|--------|---------|-----------|----------|--|---|
|--------|---------|-----------|----------|--|---|

| Program  | Monthly<br>Tuition | Payment due              |
|--|--------------------|--------------------------|
| 5 Day Morning Class  | \$640              | 1st of the month         |
| 4 Day Morning Class  | \$502              | 1st of the month         |
| 3 Day Morning Class  | \$378              | 1st of the month         |
| 2 Day Morning Class  | \$265              | 1st of the month         |
| Afternoon Class (per # of day(s) chosen)   | \$65/day           | 1st 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 (Returning Family)<br>\$100.00 due at sign-up<br>\$200.00 due by July 1 <sup>st</sup> | \$300              |                          |
| Registration Fee (Returning Family; Additional Child due at sign-up)                                   | \$50               |                          |
| Registration Fee (New Family)<br>\$100.00 due at sign-up<br>\$300.00 due by July 1 <sup>st</sup>       | \$400              |                          |
| Registration Fee (New Family; Additional Child due at sign-up)   | \$50               |                          |
| Waiting List Fee (one fee per family – applied to 1st month tuition)                                   | \$30               |                          |
| Supply fee   | \$75               | Due July 1 <sup>st</sup> |
| Total  | \$                 |                          |

- \* Children will be placed in classes according to their age on or before August 1, 2025.
- 4's Pre-K class: children must be potty trained (exceptions made with a documented medical condition).
- 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.

| FOR OFFICE USE ONLY   | Check #  |
|---|--|
| working Parent Buyout (pay an additional monthly fee Working Parent Tuition Credit (receive tuition credits for Committee Buyout (pay an additional fee to be exempted) |  |
| Parent/Guardian's Signature:  | Date:  |
| understand that this form is for registration and/or waitlist purpos<br>Co-op and the registering family. In addition, I understand that alrefundable and not prorated. |  |
| n addition to monthly tuition, I understand that I will also be oblig<br>classroom, fulfill a committee position, and fulfill parenting class r                         | ,                                |
| ,, am aware that I have the received for the month my child(ren) enrolled in and the previous   | e right to request and view any complaints the facility has 12 months. |
|   |  |

Family Reg. Date:

Current Member / Alumni / Waitlist / Public

**Assigned Class:** 

Revised 02/14/25 2/2

Date Rec'd:

**Start Date:**