



Student Information

Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Disabilities/Allergies/Anxieties/Anything else  
 we should know? \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Information

Mother       Father       \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
  
 Mother       Father       \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Program Options

All tuition options below are for a 10-month enrollment period and will be prorated as needed.

Drop-in Classes \$100 per 2hr session

# of Days	Yearly Tuition
1 Day	<input type="checkbox"/> \$2,995 (\$77 per 2hr session)
2 Days	<input type="checkbox"/> \$5,695 (\$75 per 2hr session)
3 Days	<input type="checkbox"/> \$7,995 (\$68 per 2hr session)
4 Days	<input type="checkbox"/> \$9,995 (\$64 per 2hr session)

**Enrollment Period**      /      /      -      /      /  
**Total Tuition Due**      \$

I agree to pay the above amount in accordance with the selected payment plan.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date



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## Payment Information

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**Credit Card Number:**

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**Expiration Date:**

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**Name on Card:**

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**Billing Zip Code:**

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## Terms & Conditions

1. Tuition is due in accordance with the payment schedule set on the first page of this agreement.
2. We are happy to offer makeup classes to our FasTrackKids preschool students who do not attend four days a week. For students who attend four days a week, no makeup classes are offered. Makeups are not guaranteed and will only be offered if space is available.
3. The responsible party is responsible for paying each month's tuition whether or not the student attends sessions during any period for which payment is due.
4. Responsible Party acknowledges that the materials furnished hereunder are copyrighted. Responsible Party agrees that neither Responsible Party nor Responsible Party's representatives, nor others, will record, duplicate or reproduce any of the materials, or anything furnished hereunder in any manner whatsoever.
5. Responsible Party agrees that Responsible Party will not sell, rent, lease, lend, give, or otherwise transfer materials provided hereunder to any other individual, organization or entity.
6. If any payments due under this agreement are not paid when due, the student may be denied the right to attend classes without altering any of the financial obligations of the Responsible Party.
7. If the Responsible Party wishes to have the Student picked up by someone else, the Responsible Party will provide the Authorized Licensee with written authorization allowing the third party to pick up the child along with information clearly identifying the person who will pick up the student.
8. The Responsible Party acknowledges and agrees that the Student may be video taped, filmed or photographed during classroom activities, and hereby authorizes the Authorized Licensee of FasTrackKids International to use any resultant likeness of the Student in its advertising or promotional materials or otherwise without compensation.
9. All payments are non-refundable and non-transferrable.

By signing this agreement you authorize us to charge the above referenced credit card for today's payment as well as all future tuition charges.

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*Parent/Guardian Signature*

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*Date*



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## Child Questionnaire

Each child and family planning to enroll their child in our preschool is unique and has individual needs. Please assist us in getting to know your child a little better.

**What do you enjoy most about your child?**

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**What concerns you most about your child?**

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**What preschool program or group experiences (if any) has your child previously attended?**

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**Is your child toilet trained? Does he/she dress independently?**

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**Does your child have any allergies, medical conditions, disabilities, or anxieties?**

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**Does your child receive any special services, such as speech/language therapy, occupational therapy, or physical therapy?**

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**What books or toys does your child enjoy?**

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