

REGISTRATION FORM

Parent/Guardian Information Registration Date: _Mother/Guardian_ First Name: ______M.I.___ Last Name: _____ Address: Occupation: _____ Home Phone: () _____ Employed By: _____ Office Phone: () _____ __Cell Phone: () ____ Work Address: [] Custodial Parent (If married, mark both parents) Mother's SS#: _____ Driver's License #: Email: Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other____ Father/Guardian First Name: ______ M.I.___ Last Name: _____ Address: Occupation: _____ Home Phone: () _____ _____Office Phone: () _____ Employed By: ____Cell Phone: () _____ Work Address: [] Custodial Parent (If married, mark both parents) Father's SS#: _____ __ Driver's License #:____ Email: Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other______ **Child Information** M.I.___Last Name: First Name: Name child prefers to be called: _____ Grade/Class:_____ Child's Address: Gender: [] Male [] Female Date of Birth:_____ Child's S.S. #: _____ List any existing medical conditions, medication and/or special attention your child may require? Allergies: Pediatrician's Name: _____ Phone: () _____

Address: ____

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No



Escola Guam, LLC DBA World of Wonder Childcare & Learning Center PMB 413 1270 N. Marine Dr. Suite 101 Tamuning, Guam 96913 Office/Fax: 671-637-0969

Bi-weekly Tuition	Amount
Infants: 6 weeks to 12 months	\$340
Toddlers: 13 months to 24 months	\$340
Toddlers: 25 months to 36 months	\$340
Toddlers: 37 months to 48 months	\$ 330
Preschool: 49 months to 58 months	\$ 330
Afterschool Program: Kinder Age up to 12 years (3PM-6:30PM)	\$ 170

Annual Fees (Non Refundable)	Amount
Registration Fee	\$ 100
Technology/Supply/Materials Fee	\$ 200

Other Rates

Drop In (Hourly), If ratio permits	\$ 10
Drop In (Daily), if ratio permits	\$ 50

Other Fees

Late Pick Up (Per Minute)	\$1
Return Check (Per Check)	\$ 50
Late Payment (Daily)	\$ 10

UNIFORMS

Each student will receive one t-shirt uniform upon registration. Any additional uniforms can be purchased for \$10 each.

Color:	Size:	Quantity:	
Color:	Size:	Quantity:	
Color:	Size:	Quantity:	
Color:	Size:	Quantity:	TOTAL:
		•	

Signature:

Parent's Signature: _____ Date: _____

Thank You!



Emergency Contacts & Authorized Pickup Persons: <u>1st Contact/Pick Un</u> Name: Phone: ____ Relationship to the Child: [] Able to pick up all children in the family [] Not able to pick up the following children:_____ Relationship to the Child: _____ [] Able to pick up all children in the family [] Not able to pick up the following children:_____ _3rd Contact/Pick Up_ Name: _____ Phone: _____ Relationship to the Child: [] Able to pick up all children in the family [] Not able to pick up the following children:_____ ______ Ath Contact/Pick Up_ Name: ______ Phone: ______ Phone: ______ Relationship to the Child: [] Able to pick up all children in the family [] Not able to pick up the following children:______