

**EDINA PUBLIC SCHOOLS  
2010-2011**



# K Plus (All Day K) Registration

**Welcome to Edina Public School's K Plus (All Day K) program!** To complete your registration you will need your Student ID # and your credit card number and expiration date. If you do not have your student ID#, please call your school.

Note: Edina Public Schools cannot make any claim that the K Plus All Day Kindergarten Program is eligible for Dependent Care Flexible Spending Account (FSA) reimbursement offered through employers. Please be sure to check with your employer or IRS regulations for eligibility.

**\*Incomplete registrations will be returned unprocessed**

Information on this form is confidential and will be available to Edina Public School staff only. **Please complete ALL information!**

Child's Name (Last, First, Middle)	Date of Birth	School	Student ID #

Are you employed by ISD# 273  Yes  No

	Parent/Mother	Parent/Father
Name		
Home Address		
City, State, Zip		
Employer Name		
Home/Work #s	H:( )                      W:( )	H:( )                      W:( )
Cell/Pager #s	C:( )                      P:( )	C:( )                      P:( )
E-Mail Address <b>*REQUIRED*</b>		
Login/Password	Login (up to 14 characters):	Password (up to 14 characters):

**Your September tuition (\$350) will be charged to your credit card on completion of this registration. No Refunds will be given.**



**Credit/Debit Card Agreement: I agree to have my credit card charged monthly (Oct-May) for \$350**

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

**It is your responsibility to notify our office of any credit card changes.**

### REGISTRATION TERMS

**Credit Card Agreement:** We do not accept personal checks. Payments will only be accepted by Visa/Mastercard credit/debit cards. I understand that my credit/debit card account will be charged each month around the 2nd of the month for the contracted amount due. I am aware I will not receive monthly account statements from Edina Community Education Services. No reductions will be made for absences.

**Collections:** I understand that my enrollment in **K Plus (All Day K)** will be terminated and my account may be turned over to *Affiliated Credit Services* for collection if Edina Community Education Services is unsuccessful in collecting my monthly tuition. A \$20 per month fee will be assessed if my credit card is declined for any reason. I agree to be responsible for all collection costs not to exceed 50% of any amount due.

I, as the person responsible for payment, have read & agree to the terms stated in this contract.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Received

**\*\*\*PLEASE COPY THIS REGISTRATION FOR YOUR RECORDS\*\*\***

