

Creekside Cubs 2017-18

Preschool Registration Form

Household Name	Household ID	Exp. Date
Childs Name		
Address	City	Zip
Home Phone	Other	
Email		
<input type="checkbox"/> Check here if new address		

Please complete form, check appropriate boxes, and attach the Automated Withdrawal Form for billing (Automatic Withdrawal form is not required if paying in full **at time of registration**) and a copy of your child's birth certificate and return to Apex Secret Youth and Teen Center, 6820 W 66th Ave, Arvada, CO 80003 along with registration fee. Our office hours are Mon.-Fri., 8:30am-5:00pm. For questions please call 303-403-2555. Preschool Registration fee is required at time of registration and is NON-refundable.

Please check the box for the appropriate class/classes Circle one rate per class

Class #	Description	Resident/Non-Resident Rate	
Rates in red are billing rates per month for 9 months/Rates in blue are pay in full option.			
<input type="checkbox"/> #524800-01	Preschool Registration Fee (NON-REFUNDABLE)	\$50(R)/\$60(NR)	\$50/\$60
<input type="checkbox"/> #524810-1C	Campbell Tiny Tots, Tue/Thur (9a-11:30a) \$115mo (R) \$135/mo(NR) /\$931(R)/\$1093(NR)		_____
<input type="checkbox"/> #524815-1C	Campbell Kinder Kids, Mon/Wed (9a-12p) \$125mo (R) \$155/mo(NR) /\$1012(R)/\$1255(NR)		_____
<input type="checkbox"/> #524815-2C	Campbell Kinder Kids Friday Option (9a-12p) \$63mo(R) \$73/mo(NR) /\$510(R)/\$591(NR)		_____
<input type="checkbox"/> #524820-1L	Lake Arbor Tiny Tots Tue/Thur (9a-11:30a) \$115mo (R) \$135/mo(NR) /\$931(R)/\$1093(NR)		_____
<input type="checkbox"/> #524825-1L	Lake Arbor Kinder Kids, Mon/Wed (9a-12p) \$125mo (R) \$155/mo(NR) /\$1012(R)/\$1255(NR)		_____
<input type="checkbox"/> #524825-2L	Lake Arbor Kinder Kids Friday Option (9a-12p) \$63mo(R) \$73/mo(NR) /\$510(R)/\$591(NR)		_____
Total Due			_____

<input type="checkbox"/> Check attached	Visa/MC/Amex/Disc	Name on Card
Signature		

Parent meetings will be in August prior to school starting. We will be sending out parent packets the last week of July. Please fill out the forms and bring them with you to the parent meetings.



APEX PARK AND RECREATION DISTRICT
Apex Simms Street Center, 303-467-7120
11706 W. 82nd Ave., Arvada, CO 80005

Automatic Payment Release Form 2017/18

Child's Name: _____ HH# _____

Camp or Preschool child is attending: _____

Name of Parent or
Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Emergency Phone: _____

MasterCard Visa Discover American Express

Charge #: _____ Last 4 Digits ONLY _____ Exp. Date: _____

Name on Card: _____

I authorize Apex Park and Recreation District to charge my account, as listed above, for the scheduled payment for summer camp or preschool my child is currently registered in. I understand that the weekly payment is due on the date listed on the Billing & Payment Chart and will be charged at that time unless withdrawn from preschool or upon receipt of my written notification to cancel this authorization. Please return this form for your first and subsequent payments to Apex Park and Recreation District, 6820 W 66th Avenue, Arvada CO 80003, or Apex Center, 13150 W. 72nd Ave, Arvada, CO 80005.

Signature: _____ Date: _____

Scheduled billing dates for 2017/18 School Year:

Aug. 15	Sep. 15	Oct. 16	Nov. 15	Dec. 15
Jan. 15	Feb. 15	Mar. 15	Apr. 16	

