Jump Preschool FALL 2014 Registration

Open Registration starts Thursday May 1, 2014

****There is no priority given to those currently enrolled in the JUMP program for Fall 2014 Open Registration****

Kinder Cubs 4-6yrs MWF 9am-12:30pm 9/3 – 12/19

Course #30691

Registration Fee:

First Child: $1,506	Second Child: $1,130

Scheduled Payment Plan:

First Child		Second Child	
May 1	$100	May 1	$100
Sept. 1	$463.98	Sept. 1	$339.90
October 1	$463.98	October 1	$339.90
November 1	$478.04	November 1	$350.20

Playschool Pandas 3-4yrs MWF 9am-12:30pm 9/3 – 12/19

Course #30688

Registration Fee:

First Child: $1,468	Second Child: $1,102

Scheduled Payment Plan:

First Child		Second Child	
May 1	$100	May 1	$100
Sept. 1	$451.44	Sept. 1	$330.66
October 1	$451.44	October 1	$330.66
November 1	$465.12	November 1	$340.68

Busy Bees 3-5yrs T/Th 9am-12:30pm 9/2 – 12/18

Course #30689

Registration Fee:

First Child: $991	Second Child: $743

Scheduled Payment Plan:

First Child		Second Child	
May 1	$100	May 1	$100
Sept. 1	$294.03	Sept. 1	$212.19
October 1	$294.03	October 1	$212.19
November 1	$302.94	November 1	$218.62

*My First Preschool 2.5-3yrs Tu 9:15-11:15am 9/2-12/16

Course #30692

Registration Fee:

First Child: $274

*No schedule payment or second child discount option available for this course.

*Tiddlywinks 18mos.-3yrs Th 9-10:10am 9/4-12/18

Course #28039

Registration Fee:

First Child: $232

*Tiddlywinks 18mos.-3yrs Th 10:30-11:40am 9/4-12/18

Course #28042

Registration Fee:

First Child: $232

*No schedule payment or second child discount available for these courses.

City of Mill Valley Parks & Recreation

Automatic Credit Card Charge Authorization

The City of Mill Valley Parks & Recreation accepts Visa or MasterCard for your convenience to pay your course fees. If you would like to have your payment deducted automatically from your credit card, please sign and return this form to us along with a completed registration form.

Playschool #: _____ Kinder Cubs #:_____ Busy Bees #:_____

Terms: Payments as indicated on fee sheet ($100.00 at the time of registration plus additional payments on scheduled basis as indicated on fee sheet; 2-4 payments)

Total: Fees:_____ 1st pay:_____ 2nd pay:_____

3rd pay:_____ 4th pay:_____

Participant's Name(s)_____

_____

Parents Name(s): _____

Phone(s) :Cell:_____Work:_____Home:_____

Credit Card Holder name:_____

Billing address:_____ Phone:_____

Credit Card #: _____ EXP:_____/_____

1. Payment plan does not change your responsibility to pay for the full cost of the course.
2. A refund fee of $100 will be charged for any class cancellation in Kindercubs, Playschool Pandas or Busy Bees. Refund/credit requests may be made by phone, fax or in person during regular business hours. (excluding online non-refundable convenience fee)
3. If your Credit Card is declined you will have 3 working days to clear your account or your child may be withdrawn from the session.

I understand and agree to the above stated terms and conditions. I authorize the City of Mill Valley Parks & Recreation to automatically deduct payments(s) from my credit card as scheduled.

Sign:_____Date:_____

MVPR 180 Camino Alto Mill Valley, CA 94941 (415) 383-1370 (415) 3831377 Fax
www.millvalleycerter.org

Mill Valley Recreation Registration Form

Adult/Guardian Information (Please Print)	
Main Contact:	2nd Adult Name:
Home: Work: Cell:	Home: Work: Cell:
Address:	Address:
City, State, Zip:	City, State, Zip:
Email:	Email:

Mail to:
MVPR
180 Camino Alto
Mill Valley, CA
94941
Fax to:
(415) 383-1377

Participant Name	Birthdate (under 18)	Male/ Female	1st Choice Class Title / Dates	Course #	2nd Choice Class Title / Dates	Course #	Fee

☐ My Address/Info has recently changed

Scholarship Fund Donation Amount:

Total Fees:

Be sure to read and sign below: I hereby agree to indemnify and hold harmless the City of Mill Valley and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or by my child arising out of or in any way connected with participation in the program noted above. In case of emergency, my child maybe treated by a qualified physician. I give permission to use mine or my child's photograph in Mill Valley Recreation brochures or publicity.

Signature: _____ **Date:** _____

Must sign to register.

☐ Please check here if you require special assistance to maximize your participation. You will be contacted.

REFUND POLICY
PLEASE READ BEFORE SIGNING.

You can register 24/7 at www.MillValleyCenter.org

PAY BY:
o Cash
o Check
Payable to MVPR

o MasterCard
o Visa
o Discover
o Amex

Cardholder Name (as it appears on card): _____

Credit Card #: _____ Exp. Date: _____ V-Code: _____

Office Use Only	Fee Paid	Registrar	Date Processed	COA	Cash	Check #	Credit Card	Mill Valley Recreation Phone: **(415) 383-1370**