



**KENDALL PARK LEARNING CENTER**

3088 HIGHWAY 27, SUITE 4  
KENDALL PARK, NJ 08824

TELEPHONE 732-821-2111  
FACSIMILE 732-821-2118

EMAIL MRSD@KPLCTEACH.COM  
WEB: WWW.KPLCTEACH.COM

**YEAR-ROUND ACADEMIC PROGRAM REGISTRATION FORM**

Student's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade \_\_\_\_\_  
School: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ Telephone (Work) \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_

**FOR OFFICE USE ONLY:**  
Date: \_\_\_\_\_ Testing: \_\_\_\_\_  
Start: \_\_\_\_\_ Discount: \_\_\_\_\_

**How did you hear about KPLC?**  
 Referral by a student or former student  
 Received information by email  
 Other personal referral  
 Yellow Pages  
 Internet/WWW  
 Other: \_\_\_\_\_

DAY	TIME	SUBJECT
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____
SATURDAY	_____	_____

Registration Fee: \_\_\_\_\_ Materials Fee \_\_\_\_\_  
Diagnostic Test Fee: \_\_\_\_\_ Total Sessions Per Week \_\_\_\_\_  
Total Tuition Fee: \_\_\_\_\_ Total Sessions Per Month \_\_\_\_\_  
Total Due: \_\_\_\_\_ 10-month or 6-month pre-payment plan  
Other: \_\_\_\_\_

Please make checks payable to:  
**The Kendall Park Learning Center**

**PLEASE READ CAREFULLY AND SIGN:**

I, the undersigned, agree to pay the fee indicated above. I further agree that if the applicant is enrolled, the enrollment is for the whole academic year and that no reduction or remission of said fees will be allowed by the KPLC for absence, withdrawal or dismissal of said applicant at any time during said academic year. I further understand that all fees must be paid before a student may begin attending classes. I understand that for safety reasons, students are asked to leave the grounds directly after classes. Parents and students are responsible for prompt transportation to and from the Center. Students must not remain at the Center or on the grounds more than 30 minutes before or after their classes.

Parent's Name: \_\_\_\_\_

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