

2026 SUMMER REGISTRATION FORM

KINDERGARTEN PREPARATORY PRESCHOOL
W226N555 Eastmound Suite A Waukesha, WI 53186
262(549-0900)

K-Prep will be offering a Monday-Friday summer program for children up to age 6. Children must have a consistent weekly schedule to attend. **Payment in advance is required the first week of each month.** Families may utilize any leftover vacation days from the prior school year.

All tuition is based on the child's age as of June 15th, 2026. Please complete one form for each child that will be attending. **Once returned, the \$50.00 Summer Registration Fee will be invoiced to you via Brightheel.**
(Infants are excluded from the summer registration fee.)

Summer Tuition

	Daily Rate	Drop-in Rate
Infants (6 weeks to 12 mos.)	\$75	\$77
1-year-old	\$75	\$77
2-year-old	\$70	\$72
3 and 4-year-old	\$63	\$65
5 and 6-year-old	\$59	\$62

Child's Name: _____ Date of Birth: _____

Child's Gender: (Please Circle) Male Female Age as of 6/15/2026 _____

Father/Guardian _____ Mother/Guardian _____

Address: _____

City, State Zip: _____

Primary Contact Phone Number: _____ (Please Circle) Mom Dad

Secondary Contact Phone Number: _____ (Please Circle) Mom Dad

E-mail Address: _____

Please check the days your child will be attending this summer.

M _____ **T** _____ **W** _____ **TH** _____ **F** _____

Do you plan to attend K-prep for the 2026/2027 school year. (Please Circle) **Yes** or **No**

Summer Schedule Acknowledgment and Activity Permission Waiver

By signing below, I acknowledge that I have received the Summer Schedule for my child and give permission for my child to participate in the events and activities they are in attendance for. I understand that it is my responsibility to notify the staff and management in writing if my child does not have permission to participate in any specific activities listed on the schedule. I also understand that additional waivers may be required throughout the Summer for certain activities, and I agree to complete and return those waivers as needed.

Signature of Parent/Guardian

Date

Office Use: Date _____ Fee Paid _____