



# Family Registration Form

**KAT Official Use Only**  
 Station 1 \_\_\_\_\_ Station 4 \_\_\_\_\_  
 Station 3 (Monitor) \_\_\_\_\_

Family Number: \_\_\_\_\_

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

Number of Students Attending KAT: \_\_\_\_\_

Station 1/Registration \_\_\_\_\_ Station 2/Tutors \_\_\_\_\_

*Please Make Sure to Visit Each Station!*

Station 3/Monitoring \_\_\_\_\_ Station 4/Forms \_\_\_\_\_

**Registration Fee:** \$55 (Cash/Check#) \_\_\_\_\_  
*This is a one-time fee to be paid at registration. No refund after the 4<sup>th</sup> week of classes. The fee is used for renting of facilities and operating costs of KAT.*

**Please make checks payable to:**  
**KAT Assoc., Inc.**

**Monitoring Dates**  
*(Determined by total number of classes)*

\_\_\_\_\_  
 \_\_\_\_\_

**Monitoring Buyout: \$50 per day** *(Money collected pays for sub)*

Number of Days: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Paid Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

## PLEASE COMPLETE ONE SECTION PER STUDENT

**KAT STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Period	Class	Tutor
Period 1 - 8:00 - 9:25		
Period 2 - 9:30 - 10:55		
Period 3 - 11:30 - 12:55		
Period 4 - 1:00 - 2:25		
Period 5 - 2:30 - 3:55		

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*All KAT correspondence will be sent via email from [katfamilies@gmail.com](mailto:katfamilies@gmail.com)*

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