

# REGISTRATION AGREEMENT

*Continuing students: Please check if you are entering new information*

Child's Name \_\_\_\_\_

Person Financially Responsible for Account \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Social Security # \_\_\_\_\_

Residence Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail: \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Date Employed \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Nearest Relative Not Living With You \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Since enrollment in each class is limited and expenses for the school continues regardless of attendance, no deductions, credits or refunds can be made for absences, vacations, or holidays. If a long absence is anticipated, please contact the school.

Supplemental activity fees may be assigned during the year to help cover the costs of special events. Supplemental insurance fees will be assigned during the year.

A \$25.00 service charge will be added to accounts with each returned check.

The registration fee and placement fee are non-refundable.

I have discussed the fees for my child and agree to pay \$ \_\_\_\_\_ for the school year. I realize that current fees are subject to change as costs increase, and I agree to comply accordingly. Parents will be notified at least 30 days in advance of a change in rates.

## PAYMENT OPTIONS - Please select one option

Yearly payment for the school year September - June will be made in full by June 1<sup>st</sup>. \$ \_\_\_\_\_

Four payments made on June 1<sup>st</sup>, November 1<sup>st</sup>, January 1<sup>st</sup> and March 1<sup>st</sup>. \$ \_\_\_\_\_ each payment

Ten installment payments, first payment due June 1<sup>st</sup>, second payment due September 1<sup>st</sup>. The following eight payments are due on the first of each month thereafter, with the final payment due on May 1<sup>st</sup>. \$ \_\_\_\_\_ each payment

Payment Type: \_\_\_\_\_ Auto Debit \_\_\_\_\_ Prepaid \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

**Past Due Accounts:** A late charge of 4% will be charged on the 6<sup>th</sup>, and an additional 1% every week thereafter. \_\_\_\_\_ (Initials)

**Refunds:** Should it be necessary for your child to withdraw, check with the office for the refund schedule. There will be no refund from the yearly tuition for withdrawal after May 1<sup>st</sup>.

**Program enrolled in:** (check one)

Academic only

Academic and extended day

Extended day only

Grade level: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
School location

Office use only: (Payment Plan) \_\_\_\_\_