



ENROLLMENT APPLICATION

Date: _____ Email: _____

Child's Name: _____ Male Female

Child's Age: _____ Birth Date: _____ Grade for 2023-2024 school year: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (home) _____ (cell) _____ (work) _____

Academic Day Only Academic Day plus Extended Day Care

Does your child presently attend Action Day Schools or Primary Plus? Yes No If yes, which location: _____

New student fees: (non-refundable)

- Registration Fee: \$150.00
- Enrollment Fee: \$350.00*
- Books, Materials, and Technology Fee: \$400.00

Continuing student fees: (non-refundable)

- Enrollment Fee: \$350.00*
- Books, Materials, and Technology Fee: \$400.00

OFFICE USE ONLY	
Payment Type: _____	Smartcare: _____
Amount Paid: _____	Fax: _____
Date: _____	List: _____
Received by: _____	To Corp: _____
Location: _____	Board: _____

- Attach your non-refundable enrollment fee and sign below.
Payments received by credit or debit card will be subject to 2.85% convenience fee.
- Please bill my SmartCare account and withdraw enrollment fee from the payment account on file.
(An additional service fee of 2.85% will be charged if a credit card is used for payment)

Parent/Guardian Signature: _____

*\$250 if received by 12/31/22.