

INFANT & PRESCHOOL REGISTRATION AGREEMENT

Child's Name _____
Person Responsible for Account _____ Relationship to Child _____
Email Address _____ Social Security Number _____
Home Address _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____
Employer Address _____ Date Employed _____

Other Parent or Guardian _____ Relationship to Child _____
Email Address _____
Home Address _____
Home Phone _____ Cell Phone: _____ Work Phone _____
Employer _____
Employer Address _____ Date Employed _____

Nearest Relative not Living with You _____ Relationship to Child _____
Home Address _____
Home Phone _____ Cell Phone: _____ Work Phone _____

We are open from _____ to _____, Monday – Friday. We are closed for most National holidays.

The registration fee is not refundable. 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.

If the performance by Action Day Primary Plus is interrupted or delayed by any occurrence not occasioned by the conduct of either party to the registration agreement, whether that occurrence is an act of public enemy, or whether that occurrence is caused by war, riot, storm, earthquake, pandemic, epidemic, governmental act, or other natural forces, Action Day Primary Plus shall be excused from any further performance for whatever period of time after the occurrence is reasonably necessary to remedy the effects of that occurrence. Action Day Primary Plus is under no obligation to refund any portion of the tuition paid due to the need to change delivery methods for educational instruction or during periods of temporary closure.

Each January there is an annual enrollment fee. _____ (initials)

Each June there is an annual summer fee. _____ (initials)

Tuition fees and supplemental charges are stated on the tuition schedule.

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

Payments are due by the 5th of each month. A late charge of 4% will be charged on the 6th, and an additional 1% each week thereafter. _____ (Initials)

Part Day (includes preschool private classes or other regularly scheduled hours) . . . Schedule: _____

Full Day . . . Schedule: _____

Other _____

I have discussed the fees for my child and agree to pay \$ _____ beginning _____. 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.

30 days written notice is required for any schedule changes or termination of services. Payments made with a debit or credit card will be subject to a 2.75% convenience charge.

Parent's Signature _____ Date _____ Authorized Signature _____ Date _____
Spouse's Signature _____ Date _____ School location _____ *****7/20