



For office use only

Entered in ProCare:

TE Set Up:

Registration pd Ck#:

Room assignment:

**Enrollment and Financial Agreement
2015-2016 School Year**

Current date:

Start date:

Child's full name:

Last

First

Middle

Date of Birth:

Male

Female

Please circle program days desired in appropriate area.

Extended Full Days

6:30am - 6:00pm

Regular Full Days

8:30am - 4:30pm

2 Days T/TH

3 Days M/W/F

5 Days M-F

2 3 4 5 Year Old

Kindergarten Program

Parent/Guardian

SS # (last four):

Mr./Mrs./Ms.

Home phone:

Home address:

Cell phone:

City/state/zip:

Lives with student?

Yes

No

Relation to student:

Billing party?

Yes

No

Employer:

Work phone:

Email address:

Parent/Guardian

SS # (last four):

Mr./Mrs./Ms.

Home phone:

Home address:

Cell phone:

City/ state /zip:

Lives with student?

Yes

No

Relation to student:

Billing party?

Yes

No

Employer:

Work phone:

Email address:

Special physical conditions/allergies to food or medications we should be aware of:

Photograph Release

I release *South Hills Academy* to photograph and/or videotape my child participating in daily activities, and to use the photographs and/or videos in photographic displays, websites or other publications showing these daily activities.

Signature of Parent/Guardian:

Date:

Financial Agreement – South Hills Academy (named as SHA in this Agreement)

I will pay a monthly tuition of \$_____ per month for Regular Full Days 8:30am-4:30pm OR Extended Full Days 6:30am-6:00pm (circle one). This rate does not include additional expenses such as lunch, emergency kits, and/or misc. fees. Tuition may be paid by (Tuition Express) via electronic bank transfer through your checking account (no processing fee) or electronic credit/debit transfer via your debit or credit card (2% processing fee).

Please initial:

_____ Tuition payments are due by the 3rd of each month. A late fee of \$25.00 will be charged for all payments received after the 7th of each month. If payment is not received by the 7th of the month, students will not be permitted to attend until payment is received. SHA may release any child and/or family from the program due to late payment and/or an outstanding balance.

_____ Tuition Express charges are submitted on the 3rd of each month and may not be split into partial payments.

_____ No tuition adjustments will be made due to illness, injury, vacation, holiday, or for any other reason. SHA is a tuition based program and does not rely on any other funding sources to operate. When enrolling your child at SHA, you are reserving the time, space, staffing and provisions for your child, whether your child attends or not. No credit will be given for the days when the preschool is officially closed. We appreciate your understanding.

_____ **All payments returned for non-sufficient funds will be charged a fee of \$25.00**

_____ SHA is licensed by the State of California and must comply with all regulations mandated by the licensing agency. All necessary forms for admission must be completed entirely and be kept-up-to date. Because the information requested on these forms can be vital to a child's welfare and safety, deliberately falsifying school documents may be grounds for non-acceptance or release from the program.

_____ SHA requires a 14 day written notice if your child is leaving the school, verbal notification is not accepted. Tuition will only be prorated upon receipt of your written notice.

_____ SHA may release any child from the program due to behavior that is considered to be harmful, inappropriate, and/or overly disruptive. SHA may also release any child from the program due to a family member's behavior that is deemed harmful, inappropriate, and/or disruptive.

_____ **Drop off time** is at 8:30 am unless you are paying for an extended day. An early drop off fee of \$25 will be charged if you drop your child off before 8:15 am.

_____ **Pick up time** is at 4:30 pm unless you are paying for an extended day. A late pick up fee of \$10 minimum at 4:45pm plus \$1/minute thereafter will be charged if you pick your child late.

_____ A late fee of \$1 per minute will be charged for **all children picked up after 6:00pm.**

I have read and agree to comply with all of the provisions in South Hills Academy's Financial Agreement.

Signature of Parent/Guardian

Date

Please print your name