

Student’s Enrollment agreement

**Student’s Information**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Responsible party’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies? ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child is not attending school and is under 13 years old or is homeschool a vaccination records is required. Please provide us a copy before the first day of class.

**Program and Pricing Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TIME | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| 9:00-9:30 |  |  | Homeschool program2-7 years old9am-1pm |  |  |  |  |
| 9:30-10:00 |  |  |  |  |  |  |
| 10:00-10:30 |  |  | Spanish2-6 years10-11AM |  | Spanish2-6 years10-11AM | Spanish6- 12 years old10-11:30 am |
| 10:30-11:00 |  |  |  |
| 11:00-11:30 | Spanish Classes for adults11-12 PM  | English Classes for adults11-12 PM |  | Jr. PicassoArt Class2 to 6 years11-11:45 | Music & Movement2-6 years11-11:45 |
| 11:30-12:00 |  |
| 12:00-1:00 |  |  |  |  |  |  |  |
| 3:00-3:30 |  |  |  |  |  |  |  |  |
| 3:30- 4:00 |  |  |  |  |  |  |  |  |
| 4:00-4:30 | Homework TutoringK- 3rd grade4:15- 5:15PM | Reading &WritingK-3rd grade4:15- 5:15 PM | English6- 12 years old4:15- 5:15 PM | Spanish6- 12 years old4:15- 5:45 PM pm | Reading Club8-12 years old4:15- 5:15 PM | Hands on Art Program6- 12 years old4:15- 5:45 PM | Spanish for Spanish speakers4:15- 5:15 PM | If the timing/day is not good for you, we can offer you Private tutoring.any school subject, any musical instrument,any foreign language, any test or school project,Any time during the week or Saturdays – 10 hrs minimum. |
| 4:30-5:00 |
| 5:00-5:30 |
| 5:30- 6:00 |  |  |  |  |  |
| 6:00-6:30 |  |  |  |  |  |  |  |
| 6:30-7:00 |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   Afterschool & Enrichment Group Program - 6 months long program

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Program | Monthly Tuition | Material Fee | Subtotal | Class Day | Class Time | Starting Date | Finish Date |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Registration Fee | $50 |  |  |  |  |
|  | Total |  | (First Payment- First month, registration & material fee) |
|  | Consecutive payments of | $ | For 5 months (we charge the 1st of every month) |

 |
|  **READ & SIGN BACK SIDE** BACK SE |
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| --- |
|   |
|  Homeschool Program- Once a week- 8 months long, starting the first day of classes.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Program | Monthly Tuition | Registration & Material Fee | Subtotal | Class Day | Class Time | Starting Date | Finish Date |
|  |  |  |  | M & W | 9 am – 1 pm |  |  |
|  | Total |  | (First Payment- First month, registration & material fee) |
|  | Consecutive payments of | $ | 8 consecutive payments |

  |
| Notes  |

 Private (one-on-one) Program- 10 hrs. minimum  **If you wish to stop your private classes please let us know, in writing, two weeks before your last paid class to avoid being charged for the following set of 10 hrs.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Program | Monthly Tuition | Material Fee | Subtotal | Class Day | Class Time | Starting Date | Finish Date |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Registration Fee | $50 |  |  |  |  |
|  | Total |  | (First Payment- First month, registration & material fee) |
|  | Consecutive payments of | $ | Until cancellation (by email/writing) at least a week before last class. |
|  |  |  |  |

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| Notes  |

**CREDIT CARD INFORMATION** I want to pay by credit/debit card (no American Express) check cash

(Credit card on file is needed if you choose to pay by check or cash; you will be charged the 3rd of each month if we do not receive the payment on time by the 1st of each month). A 5% fee will apply to each credit card payment. We need 2 credit/debit cards on file

**First Credit/Debid Card Information:**

Name as it appears on check/card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_city/state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credit card number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Card verification code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recurring payment yes no

**Second Credit/Debid Card Information (Back up Card):**

Card number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CVC \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_city/state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZipCode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Language and Art Centers to electronically debit my bank account for the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at the time of registration, the remaining balance will be charged every month in installments of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please check installment dates.

Installments dates: 1st\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2nd \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 3rd\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 4th\_\_\_\_\_\_\_\_\_\_\_\_\_,5th \_\_\_\_\_\_\_\_\_\_\_\_\_,6th \_\_\_\_\_\_\_\_\_\_\_\_\_, 7th \_\_\_\_\_\_\_\_\_\_\_\_,

8th \_\_\_\_\_\_\_\_\_\_\_\_\_\_,9th\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,10th \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 11th \_\_\_\_\_\_\_\_\_\_\_\_\_, 12th \_\_\_\_\_\_\_\_\_\_\_, 13th \_\_\_\_\_\_\_\_\_\_\_, 14th \_\_\_\_\_\_\_\_\_\_\_, 15th \_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Language And Art Centers to debit my bank account for the amount of any Non-sufficient-funds transaction plus a $35 NSF fee for each item (CHECK OR CREDIT CARD) declined or returned unpaid by a financial institution.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_­­­­­­­­­­­\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

**POLICY ON PAYMENTS, WITHDRAWALS, CANCELATIONS AND REFUNDS – ALL STUDENTS**

1. Each student must fill out a registration for yearly. A yearly fee, per student/siblings, is required at the time of registration; this fee is not refundable or transferable.
2. **There are no refunds for any reason once enrolled.**
3. Payments are not refundable or transferable.
4. If your credit/debit card is denied for any reason, a $35 fee will apply, please keep your payment information up to date.

**Payments** -Payment can be made by cash, check or credit cards. If you decide to pay by check or cash we need a backup credit card payment, and credit/debit card will be charged if we do not receive a payment by the 5th of each month. , if you are paying with a credit card; a 5% fee will apply to each payment.

If you have any coupon, any special pricing or discount; payment most be in cash or check, if you are paying with a credit card; a 5% fee will apply to each payment.

1. **Withdraw**al on or after the first day of classes does not relieve the responsible party from liability for tuition or other fees.

Non-attendance does not constitute withdrawal and you are responsible for all the remaining balance and will be charged to the card on file monthly for 5 months long for afterschool & enrichment and 10 months for Homeschool.

1. LAC may cancel/reschedule a class at its discretion. In the event of inclement weather, we will make every effort to make an announcement about the class cancellation as quickly as possible. If the class is canceled we will make our best to rescheduling the class.
2. **Late Pick up**- Children must be pick up on time; late pick up fee apply starting1 minute after class time and will be charged to your credit card on file. $15 per every 15 minutes late.
3. **School policy**- one objective of our classes is that the students have fun while learning new activities. Regular school expectations about language and behavior will apply. If we have an ongoing problem with any participant, he/she may be removed from the program and no reimbursement will be given.
4. **Sick policy-** please keep your children home during the infectious stage of an illness. Your child should be free of fever, cough, could, sore throat, vomiting or diarrhea for at least 24 hours before she/he can be admitted to any program. Parents will be called to pick up their child if he/she becomes ill during the course of the day, they must be picked up within the hour.
5. **Departure/ security**- the child will be released only to the person listed on the signed form. Any changes or restrictions should be communicated to our staff. This measure is in place to protect children in our care and their families. Thank you for your support. Remember you will be required to sign in and out your child every day.
6. **Medical information-** please ensure the medical information held by the center is current. Please ensure to bring any essential medication (inhaler, etc.) and hands it to the supervisors upon arrival.
7. Please be sure to read the student handbook when you are enrolling children.

**FOR GROUP CLASSES:**

1. **Enrollment** is NOT month to month basis, monthly installments are charged every 4 weeks, for 5 months.
2. Monthly tuition installments are based on 4 week classes. You will be charged every 4 weeks.
3. There are **no make-ups/reschedule group** classes a student misses.
4. **Withdrawal-** Withdrawal is only available if you are moving, (proof is needed), a request must be received in writing at least two weeks prior the withdrawal date and a $250 withdrawal/cancellation will apply for each student per class.

**FOR PRIVATE CLASSES:**

1. **Rescheduling** for a lesson FOR PRIVATE CLASSES must be received by the instructor and/or LAC representative a minimum of twenty-four (24) hours prior to class time. Further, when the student/responsible party gives less notice than the previous stated or no-show for a lesson, AGREES TO PAY FOR MISSED LESSON IN FULL. **No same day cancelations are allowed.**
2. The teacher will wait for 20 minutes only for an hr. long class. If you arrive late for your class you will only have the remaining time of your class.
3. You have 3 months to finish your 10 hrs. of classes for once a week classes; for twice a week classes you will have 2 months to finish them; all remaining hrs. will be voided. For 10 hrs. of classes, we accept 2 cancelations/reschedules only.
4. If you have siblings, and they are enrolled in the same class, and only one shows up for the class, the class is considered already taken for that hr, there are not make ups for the chidren that missed the class.

Please remember that you are paying by the hr.

1. **Withdrawal-** Withdrawal request must be received in writing at least two weeks prior to the withdrawal date to avoid being a charge for the next 10 hrs. tuition, please remember that we don’t offer refunds.

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

MEDICAL RELEASE AND WAIVER OF LIABILITY.

I know of no mental or physical problems, which might affect the ability of the individual(s) named above to safety participate in this program. I am responsible for notifying of any changes in the participant’s health or physical/mental condition, which might affect his/her ability to safely participate in any programs in which he or she is enrolled.

I hereby authorize the directors of LAC to act on their best judgment in any apparent emergency requiring medical attention for myself or the participant named above. I do hereby release LAC from liability in such decisions should they occur. I understand that LAC is not responsible for medical costs associated with a student's injury.

I hereby waive, release, and indemnify LANGUAGE AND ART CENTERS staff, volunteers, and facility locations of all legal and financial responsibility in the event of any injury to myself or the participated named herein. I waive and release LANGUAGE AND ART CENTERS from any and all claims, actions causes of actions, causes of action, damages, costs, liabilities, and expense of judgments (including attorney’s fees and court costs) arising out of participating in this program. I assume all the foregoing risks and accept personal responsibility for any damage and loss following any loss of property, injury, permanent disability, or death resulting, therefore.

LANGUAGE AND ART CENTERS, its employees, agents, staff, volunteers, partners, and insurers have no liability, and accepts no liability for injuries or accidents occurring to the students during their participation in any of our programs and related activities in our center or outside of our center; travel to and from the activity sites. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.

I hereby execute this waiver & release form to induce LANGUAGE AND ART to permit the individual (S) name above to participate in this program.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

**Policies:**

Please initial each section listed below and sign and date each page.

1. **Basic Services**

 \_\_\_\_\_\_ I understand that I’m enrolling my child at Language And Art Centers (“LAC”) and I’m reserving his/her spot. I’m paying for their spot not for their attendance.

 \_\_\_\_\_\_ I understand that each child will be placed on a group of piers based on age and the number of students enrolled as determined by the LAC staff.

 ---------- I understand that LAC and the staff will make reasonable efforts to safeguard children’s personal belongings but will be no responsible for lost or broken items. Please label clothing, food utensils and water cup with your children name. II understand than I can only send plastic food utensils and plastic silverware, all my child’s belongings will be labeled with my child’s name

\_\_\_\_\_ I understand that I cannot leave my child earlier than 10 minutes before their scheduled school time. If I want to leave my child earlier, I understand that I need to pay for the extra time.

-------- I understand that I need to pick up my child at their scheduled time, a $2 fee will apply for every minute late. Late fees must be paid the same day at pick up.

1. **Payment Provisions**

\_\_\_\_\_\_ I understand that this agreement is for the following sessions:

 6 months, 8 months other; starting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and last day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_If you decided to continue after the last day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this contract/agreement will continue for the following session . If you decided not to continue, you need to give us a withdrawal notification in writing a month before \_\_\_\_\_\_\_\_\_\_\_\_. If I do not provide a withdrawal notification on time, I agree to pay for the following month’s tuition.

I have elected to make:

 One payment for the entire school year, I will have 5% off discount on tuition only at the time of enrollment. Payable by cash or check only.

 Two equal payments with a 4% discount on tuition. Payable with cash or check only.

 Ten equal payments with no discount. Payable with cash or check only. If you decided to pay with credit card a 5% processing fee will be charged.

 Monthly. Payable with cash or check only. Credit cards will have 5% processing fee.

\_\_\_\_\_ I understand if I do not pay on time (by the 3rd) each month, I will pay a late fee of $15 per child per day will apply.

\_\_\_\_\_ I understand if I do not pay be the 5th of the month, my credit card on file will be charged with late fees and 5% processing fee.

\_\_\_\_\_ I understand that if my check is returned by insufficient found by the bank. I have 2 days to pay any balance due and a $35 check returned fee will be charged.

\_\_\_\_\_ I understand that my child cannot start school without all the paperwork filled up and signed and all fees fully paid

\_\_\_\_\_ **I understand that there are no refunds once enrolled for any reason.**

\_\_\_\_\_ I understand that there is no reduction in the tuition fee for holidays, closing dates, sickness, personal trip, and/or emergency closings. All holidays and closing dates were taken in consideration when the annual tuition fee was calculated.

**Initials\_\_\_\_\_**

––--–– I understand that I have 10% off tuition discount for my second child and for each additional sibling in the program. The discount will be applied to the lowest tuition fee.

1. **Students retention and withdrawal**

\_\_\_\_ I agree to pay all charges from my child’s start date on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whether or not my child is absent for any reason.

\_\_\_\_ I understand that LAC and the staff, in their sole discretion and opinion, reserve the right to dismiss either temporarily or permanently any student when that student’s interest (welfare) or those of the center’s would be served best by such action. Alternatively, LAC and I may make a mutual decision that my child’s interest (welfare) or those of the center’s would be served best by his/her withdrawal. In the event of permanent dismissal by LAC or a withdrawal resulting from a mutual decision by LAC and myself, I agree to pay nonrefundable registration; material fee and pro-rated tuition rate, beginning with his/her start date of attendance until the dismissal or withdrawal date.

\_\_\_\_ I understand that once my child is enrolled, LAC do not offer refunds.

\_\_\_\_\_ I understand if I prepay for the whole year and my child is permanently dismissal by the school (LAA) a prorated check will be reimbursed to me within 30 days.

\_\_\_\_\_ I understand that this agreement is for \_\_\_\_\_\_ months and I will have to pay for the whole session that my child is enrolled.

\_\_\_\_\_ If I decide to withdraw my child for any reason, a $300 early penalty fee will be charged.

1. **Daily Procedures & Policies**

­­­\_\_\_\_\_ I agree to sign in and out my children every day at the front desk using the attendance form.

I understand that I need to enter the center to drop off and pick up my children. Once my child is with me, is my responsibility to take care of him/her and their behavior, children cannot be playing in the reception area, with the chairs, or the door lock pad.

­\_\_\_\_\_ I understand that I will be notified if my children become ill during the day and I will pick up my children within one hr. from the time that I was notified. If my child is exposed to or contracts a contagious disease, I agree to notify LAC and I understand that my child can be readmitted based on a Dr’s note. If my child has fever, he/she cannot come back to school until 24 hrs. without medication. If my child is ill, he/she cannot come back to school without proper Dr’s note.

\_\_\_\_\_ I understand that my child is checked upon arrival, if he looks sick, I cannot leave my him/her at school.

\_\_\_\_\_ I understand that the school takes pictures or videos that are shared with me, in Facebook, Instagram, school webpage or flyers.

\_\_\_\_\_ I understand that the state child care regulatory enforcement and administration agency and the local department of child protective services have the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the center, to make provisions for the independent medical examination by a licensed physical of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or LAA.

**Initials\_\_\_\_\_**

1. **Obligations of parents**

\_\_\_\_I will download the app that the school uses, this app is an open communication with Language Arts Academy and Parents, I will be sending my notifications and questions trough the app. It is the parent’s responsibility to check for any notifications.

­\_\_\_\_ I will furnish required medical information prior to the first day of attendance for my child, and regularly thereafter.

------- I will notify LAC when a person not authorized in writing will pick up my child. I must call the center directly and then add that person via writing to the authorized people’s pick-up list.

------- I will keep enrolling information current including my addresss, email or phone numer if changes.

------- I will abide by all rules and policies in the LAC Handbook.

1. **Holidays, Absences, and Closings**

------- **I understand that LAC will be closed on holidays:** Please check the class calendar

\_\_\_\_I agree to inform LAC if my child will be absent on any day. I understand that no allowances, credits, refunds or makeup days shall be made for any absences. My regularly contracted is due every day, even when my child doesn’t attend, I understand that I pay for my children spot no for his/her attendance,

------- I understand that LAC intention to open and provide service every weekday of the years, excluding holidays, but the inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will be sure check the Facebook page and Remind app to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the center is closed up to 3 consecutive days for these reasons, I will still be responsible for my tuition payments. If the center is closed for a week or more, I understand that my payment will be prorated.

I understand that LAC will follow Klein ISD lead on closures for inclement weather; we will also notified on Facebook and Reminder app, it is the parent’s responsibility to check for any notifications.

1. **Termination of enrollment**

I understand that enrollment may be terminated only if:

\_\_\_\_ I, or my child fail to comply with this agreement. The Parent’s Handbook, or any other rules of Language Arts Academy.

\_\_\_\_ My child has a serious illness

\_\_\_\_ LAC, in its sole discretion, determines it is unable to meet the needs of my child, or that it is not in the best interest of the center nor the best interest of the other children who are enrolled to have the child continue in attendance,

1. **Medical Treatment Authorization**

\_\_\_\_ I understand that LAC is authorized to secure such emergency medical treatment as may be required. I agree to pay all expenses incurred in connection with such emergency medical treatment. I understand that LAA will use its best efforts to immediately notify a parent or a person designated in the emergency contact list to be called in case of emergency.

\_\_\_\_ I authorize any licensed physician or medical center to treat my child in case of an emergency,

**Initials\_\_\_\_\_**

1. **Health Certification**

\_\_\_\_\_ I state that my child has been examined within the past year by a licensed physician and is able to participate in LAA program. I will provide with medical information and immunization records form prior to the first day of attendance of my child.

-------- I understand that the immunizations on file must be current and I will provide an update when required.

1. **State Licensing and our policies**

\_\_\_\_ I understand that the above policies are not all-inclusive list of policies and that my child, my family members, authorized agents, and I are bound by state child care regulations, the parent’s handbook, and all other policies of LAC, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulations are stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state Regulations.

\_\_\_\_ I have received a copy of the Parent’s handbook. I have read and understand its contents and policies and agree to be bound by the same.

\_\_\_\_ No terms of this agreement may be altered, modified or deleted by any person, except in case of policy change or rate change to which both the Director and I must initial. Any alterations, modifications or deletions of any term of this agreement are null and void.

1. **Other terms/signatures**

\_\_\_\_ I will cooperate with the policies of LAC, perform the obligation of parents set forth in this agreement, and abide by the rules, regulations, and policies provided by LAC

\_\_\_\_ I will not employ or attempt to employ any person employed by LAC during their employment and for a period of 12 months after their employment by LAC is terminated.

\_\_\_\_ I understand and will comply with the policies included in this enrollment agreement and parent’s handbook.

\_\_\_\_ I hereby release LAC and its owners, officers, staff, and volunteers from any liability for injury or damages of any kind not resulting from gross negligence.

\_\_\_\_ I understand that I will pay all cost of collection of amounts due under this agreement, including, without limitation, reasonable attorney’s fees and court costs. This agreement shall be effective and binding upon the parties hereto, both individually and as guardians of the child

\_\_\_\_\_\_ I have read, understood, and agreed to the terms and conditions contained g=herein and with my signature I certify having received a copy of this enrollment agreement and a copy of the parent’s handbook.

\_\_\_\_\_ I further acknowledge that no verbal statements have been made contrary to what is signed in this agreement. This agreement is legally binding contract when signed by me and accepted by Language Arts Academy

**Notes:**

**Initials\_\_\_\_\_**

**Initials\_\_\_\_\_**

The terms and conditions of this agreement are not subject to amendment or modification by oral agreement.

My signature below certifies that I have read, understood, and agreed to my rights and responsibilities.

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

 Parent/Guardian full name Parent/Guardian Signature Date

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

 Director’s Signature Date

**Payment Calendar**

|  |  |  |
| --- | --- | --- |
| **Payment #** | **Month Covered** | **Payment Due Date** |
| **1** | Enrollment date, prorated tuition | At enrollment |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |

This calendar is if you are paying by month;

**Initials\_\_\_\_\_**

Days that we are closed this year: Please see the attached calendar