



Enrollment Contract

Child and Parent/Guardian Information

ENROLLMENT DATE: _____

Childs Name: _____ DOB: _____ Age: _____

Childs Place of Birth: _____

Parent's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Business Name: _____ Bus. Phone: _____

Business Address: _____

Parent's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Business Name: _____ Bus. Phone: _____

Business Address: _____

Does the Enrolling Child live with both parents? (Circle one)

-Both parents in the same home -Separately/Shared -With a guardian

Other Children living at home (name, age, sex):

1. _____ Age ___ M F 2. _____ Age ___ M F

3. _____ Age ___ M F 4. _____ Age ___ M F

Health Care Information

Doctor's Name: _____ Phone: _____

Address: _____

Dentist's Name: _____ Phone: _____

Address: _____

Allergies: _____

Medical Conditions/Concerns:

Emergency Contact (other than parents)

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

Programs:

Please circle the days of the week your child will attend.

Child's start date: _____ M T W TH F

Program Child will start in:

TODDLERS _____ 8am-1:00pm Half Day _____ 7am-6:00pm Full Day

PRESCHOOL _____ 8am-1:00pm Half Day _____ 7am- 6:00pm Full Day

PRE-K _____ 8am-1:00pm Half Day _____ 7am- 6:00pm Full Day

Deposit, Tuition and Fees (All Fees are Non-Refundable):

- Tuition for the child will be: \$ _____ per month.

Deposit:

Deposit and Registration Fee is due at the time of Enrollment. Last months Tuition Deposit will be used for the last month of care. Providing a 30-Day Notice is given.

Last Month's Tuition Deposit \$ _____

Plus the **Registration Fee of: \$175 (Non-Refundable)** \$ _____

Total Enrollment Amount Paid: \$ _____

DATE PAID: _____ **CASH** ___ **CHECK#** _____ **CREDIT CARD** _____

Due before the 1st Day of School:

- 1st Two weeks Tuition Payment \$ _____

- **Total Amount Due on Start Date:** _____ \$ _____

DATE PAID: _____ **CASH** ___ **CHECK#** _____ **CREDIT CARD** _____

*A late fee of \$2 per minute will be applied for every minute past your pick-up time.

A 30 DAY WRITTEN NOTICE IS REQUIRED IF YOU PLAN TO REMOVE YOUR CHILD FROM SUPREME KIDS ACADEMY.

This notice must be submitted to the front office on the 1st day of the Month. If a 30-day notice is not received, the parent/s is liable to pay the full tuition.

A VERBAL NOTICE WILL NOT BE ACCEPTED.

A 30 DAY NOTICE IS REQUIRED IF YOU WANT TO STAY AT THE SCHOOL BUT NEED TO CHANGE YOUR TYPE OF PROGRAM AT SUPREME KIDS ACADEMY.

Supreme Kids Academy may increase fees or make changes to any of the programs to fit the needs of the school, AT ANY GIVEN TIME.

Supreme Kids Academy may make changes to or terminate a Students Contract at any given time, depending on the severity of the situation.

I HAVE READ AND UNDERSTAND THE POLICIES AND FEES STATED ABOVE.

I ACKNOWLEDGE THAT I AM SIGNING AN ENROLLMENT CONTRACT AND THAT ALL FEES ARE NON-REFUNDABLE.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Director/Administrators Signature: _____

Date: _____

School Closings:

Please check the current holiday list for each year, which will be provided annually as well as posted on the parent board.

Payment is still required and we do not prorate fees for any days missed due to school closures or vacations. A place has been reserved for each child that cannot be filled on a short-term basis.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Director/Administrators Signature: _____

Date: _____