Enrollment Form 2020-2021

HOW TO ENROLL	Payment information
Registration opens: March 3, 2020	Payment totals will be calculated at the time of class Registration.
Complete the following forms <i>in their entirety</i> .	All enrollments are required to pay the deposit at the time of registration, whether
Medical Release Form, online	with Active online or in the Connection office. There are 3 options for remaining balance payments:
Goals & Objectives, online	Pay balance in full online at Active.com (account is set up upon registration into the control of the cont
2020-2021 Enrollment Form, online	system)
Student Registration Worksheet (only if	 Set up auto-payments in your Active account online for August 14, 2018/January 2019 (credit card/e-check)
enrolling in the office)	3. Write 2 post-dated checks (August 14, 2018/January 8, 2019) for the balance to b
2020-2021 Tuition Refund/Cancellation	held for deposit in the Connection office.
Agreement <i>Must have <u>hand signed</u> form on</i>	There will be a \$30 fee for insufficient funds. *Last day to drop without tuition penalty is August 3, 2018
file in The Connection office.	Connection Fees & class deposits are non-refundable.
** For best class options please make every effort to register	Tuition payment refunds are subject to the Cancellation Policy as stated in
early as classes may fill and close. All classes will determine feasibility by the last day of classes, May 14, 2020.	Tuition Refund Agreement. **Please read and sign the PAPER COPY of the Tuition Refund Agreement
Tuition Payment : To pay in installments by che	eck, post-dated checks should be written to <u>The Connection</u> .
Each installment check must be signed, contain the ap	
Family Information please print ***New family	Returning
Homeschool Cover School:	_ Homeschool Support Group:
Last Name:	Parents:
E-mail:	City/ State/Zip:
Phone: Cell:	Alt. #:
Address:	
Emergency Contact:	Phone:
Fill out Enrollment information below — 1 box per student Indicate Grade for 2020-2021 School Year — List age at beging graders please and with parents permission. 1. Student's Full name:	ning of fall semester;*student email address <u>ONLY</u> for 11 th and 12 th
*Email:	<u>-</u>
Health Issues (allergies, medications, illnesses) Student drives him/ herself. Any info we should be	e aware of:
2. Student's Full name:	
Health Issues (allergies, medications, illnesses)	
Student drives him/ herself. Any info we should l	De aware of:

^{**}List additional student(s) information on the reverse side.

Note the Tuition Agreement and Tuition Cancellation Policy
<u>Tuition Agreement:</u>
By completing registration, you, the parent or legal guardian, have agreed to partner with The Connection for the educational needs of your child(ren) for the 2020-2021 school year. You agree to our Goals and Objectives, and understand that all Fees, Tuition, and class deposits are required at time of registration. Registration Fees and Class deposits are non-refundable, no exceptions. It is with this understanding that all checks returned for insufficient funds during the year will incur a \$30 insufficient funds fee. We thank you for your enrollment and value your family's participation at The Connection.
Cancellation Policy:
No tuition refunds will be offered after August 5, 2020; please make class decisions accordingly.
Your signature signifies your acceptance of this policy.
Parent's Signature: Date:

Students with Learning Disabilities

Family Name: _____

If your student(s) have been diagnosed (or suspected of having) any learning disabilities it would be extremely helpful for <u>each</u> of their tutors to know in order to best help them succeed in the classroom.