

The Country Playhouse Academy

Intent to Enroll

Date of Enrollment: ____/____/____

Please fill out this form completely and bring it in with the Registration fee of **\$100** AND your child's first month's tuition of \$_____, to hold your child's spot for the upcoming enrollment date above. By making a financial commitment, this guarantees your child will have a spot in the class on the enrollment date. By filling out this **Intent to Enroll** form, you are making a commitment to enroll your child at The Country Playhouse Academy, Inc. We accept check, money order, or cashier's check. This form is NOT a binding contract, and you may change your mind any time, however the Registration fee and the first months' tuition that is paid upfront, is **non-refundable**. If you make the decision to withdraw this intent to enroll form for your child, any and all payments made to The Country Playhouse Academy, Inc. will be forfeited. In order for us to hold a spot for more than a month, we take a financial risk keeping a spot open for several months, which is why we have the above protocols in place.

Child's Name:	Birth Date: ____/____/____	Gender: M F
Address:		Zip Code:
Phone Number: () -	Class: Check One <input type="checkbox"/> Infants <input type="checkbox"/> Toddlers <input type="checkbox"/> Preschool <input type="checkbox"/> Pre-K <input type="checkbox"/> School-Age	
Parent/Guardian Name:		
Phone Number: () -	Email:	
Parent/Guardian Name:		
Phone Number: () -	Email:	
How did you hear about us?		
<input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Friend/Family <input type="checkbox"/> Flyer		
Did a currently enrolled family refer you to our school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____ This family will receive a \$100 referral credit!		
Parent/Guardian Signature: _____		Date: ____/____/____

DO NOT WRITE BELOW THIS LINE

Registration Fee Paid: ACH \$ _____ Check # _____ MO/CC

Received by: _____ Date Received: ____/____/____