

Fun & Study Learning Center Admission Application Form

Child's Full Name _____ Nickname _____

Date of Birth _____ Present Age (Years & Months) _____ Male Female

Home Address _____

Are you aware of any allergies? Yes (please explain) _____ No

Parent's Name _____

Home Address _____ Primary Phone _____

Employer _____ Occupation/Position _____

Alt. Phone _____ Work Phone _____ Email _____

Parent's Name _____

Home Address _____ Primary Phone _____

Employer _____ Occupation/Position _____

Alt. Phone _____ Work Phone _____ Email _____

Siblings Names & Ages _____

Has your child ever attended day care? Yes No If yes, where? _____

Why are you considering Fun & Study for your child? _____

How did you hear about us? _____

The After School program base fees \$400 a month includes twice a week Karate.

Elementary enrichment	Additional activities
<input type="checkbox"/> After school session (up to 6:00pm)	<input type="checkbox"/> Math and English \$100 a month twice a week
<input type="checkbox"/> Summer Camp - \$1,300 a month	<input type="checkbox"/> Arts and Crafts \$100 a month twice a week
<input type="checkbox"/> Spring Camp - \$ 350 a week	<input type="checkbox"/> Swimming \$ 100 a month
<input type="checkbox"/> Winter Camp - \$ 650 for 2 weeks	<input type="checkbox"/> Abacus / Vedic Math \$80 a month & \$75 kit
<input type="checkbox"/> Holiday Camp - \$75 a day	<input type="checkbox"/> Outside students \$120 a month and \$75 kit
	<input type="checkbox"/> Chess \$80 a month
	<input type="checkbox"/> CogAt and IOWA \$80 a month twice a week
	<input type="checkbox"/> Piano & Guitar 30 minutes \$35 per Lesson

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Emergency Contact:

Name _____ Phone _____ Relationship _____

Doctor / Hospital _____ Primary Phone _____

Special Information: Medical, allergies (foods, etc.), limitations, surgery, heart, etc.

Waiver of Liability: Should an emergency occur, for which I cannot be contacted, I/we will allow my/our child to be treated by a hospital, physician, or other certified medical personnel in the event of injury, accident, or illness. I/We further agree to assume all risks and hazards incidental to such participation, including transportation to and from the center and do hereby waiver, release, absolve, indemnify, and agree to hold harmless Fun & Study owners, supervisors, instructors, teachers, volunteers and authorized persons transporting myself or my/our child for any claim arising out of any injury to myself or my/our child, including injury caused by or resulting from the sole negligence or concurrent negligence. I also authorize the use of photographs and/or videotapes of my child / children/ward or myself as part of the Fun & Study promotions.

Authorized to Pick up Student:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

When you withdraw your child, you need to give 1 month's advance notice prior to withdrawal. You agree to pay all tuition and fees following your notice to the Center, even if your child is not in attendance. For example, if you want to leave between March 1, 2018 and March 31, 2018 - you need to give us notice on or before Jan 31, 2018. Failure to provide written notice will result in fee payment for March 2018.

Signature(s) _____ Date _____

Signature(s) _____ Date _____

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Direct debit form:

E-Check Automated Payment authorization form.

I authorize Fun and Study Learning Center to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

Bank Information

Routing Number: _____

Account Number: _____

Account Type: Checking Savings, Consumer Business

Customer Signature: _____

Customer Printed Name: _____

Date: _____