

Themba Creative Learning Center, LLC.
ACKNOWLEDGMENT OF ENROLLMENT DEPOSIT

The deposit guarantees you space for your child (or children) in the appropriate classroom(s) when space becomes available. Enrollment space is reserved and secured with a deposit for up-to 2-months to the desired start date of enrollment.

Your deposit will be held for one day (24 hours) in order to allow parents to read through and understand the Enrollment Agreement. A signed Agreement returned within 24 hours ensures the child's place and commits the parent(s) to all policies and procedures. If the agreement is returned unsigned within 24 hours, it is assumed that the child is not enrolled. No space will be held and the deposit check will be returned.

If an Agreement is not returned within 24 hours --signed or unsigned, the space is forfeited and the deposit is forfeited.

If a space is available immediately in the appropriate classroom, the parent(s) may fulfill all of the requirements as soon as possible, the same day if necessary, and the child may be enrolled in the class. A space is not held without a deposit. Your deposit is credited to your first week of tuition.

Be advised, that tuition rates are subject to change ANYTIME during the space-withholding period.

The deposit required to reserve a space is \$_____. The child will be enrolled in the _____ Classroom.

A deposit in the amount of \$_____ has been received from _____ to reserve a space for _____,
(Child's Name)

Deposit received on _____ at _____ (am/pm).
(Date) (Time)

This deposit will be held for 24 hours from the time noted above. A signed Agreement must be returned within 24 hours to ensure your child's space. Failure to return an unsigned Agreement within 24 hours will result in a forfeiture of the deposit in full.

I understand and agree to the above.

Parent's Signature _____ Date/Time _____

Parent's Signature _____ Date/Time _____

Center Director's/Assistant Director's Signature _____ Date/Time _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s), which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____)_____
Telephone Number