

Parent Agreement

I appreciate the standards of the school and agree to support all regulations of the school in the applicant's behalf and authorize this school to employ such discipline, as it seems wise and expedient for the training of my child. I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations remain unpaid.

I HEREBY PLEDGE TO PAY MY FINANCIAL OBLIGATION TO THE SCHOOL ON THE DATE DUE AND UNDERSTAND THAT LATE FEES WILL BE CHARGED IF PAYMENT IS RECEIVED AFTER THE 10TH OF THE MONTH. I UNDERSTAND THAT MY CHILD'S GRADES OR ANY OTHER SCHOOL RECORDS WILL NOT BE RELEASED OR TRANSFERRED UNLESS MY SCHOOL BILL IS PAID IN FULL.

Please check one:

Tuition Payment Plans : _____ 1 payment paid in full by June 1, 2009

Monthly Plan _____ 12 month plan starting on June 1, 2009

_____ 10 month plan starting on August 1, 2009

Whichever plan you choose, you must abide by the payment dates and the plans may not be switched.

K-4 & K-5 Students _____ Half Day _____ Full Day with
Enrichment

Waiver of Liability

In case of an accident or illness:

Minor scratches, bumps and illnesses will be properly treated at the school. Professional medical attention will be secured when necessary. In this case, the parents or guardian will be notified immediately. In the event that the school is unable to reach the parents or guardian immediately, it shall be authorized to secure such medical attention and care for the child as is necessary. The school however, cannot stand responsible for any liabilities.

I have read and understand the terms stated on this application and agree thereto.

Parent's Signature

Guardian's Signature

Date

School Representative