



A HANDS-ON HOMESCHOOL EXPERIENCE

STUDENT REGISTRATION FORM

IN ORDER TO SECURE YOUR SPOT, REGISTRATION FEE OF \$25 (PER FAMILY) MUST ACCOMPANY FORM

Early Bird Registration Ends June 15, Registration Fee \$35 after that date.

Registration fees are non-refundable

<u>Family Information</u>	<u>Parent or Guardian 1</u>	<u>Parent or Guardian 2</u>
Parent/Guardian		
Employer/JobTitle		
Work Phone	()	()
Home Phone	()	()
Cell Phone/Pager	()	()
Email		

Do you check email regularly? _____

Home Address: _____ CITY/ST/ZIP: _____

Emergency Contact Person (if you are not available): _____

Phone: (____) _____

Please list names of children you wish to enroll in the Enrichment Academy:

<u>Child's Name</u>	<u>Birth date</u>	<u>Grade Level</u>

Since we may not always be able to reach you, please fill out the following:

INSURANCE INFORMATION: Primary Policy Holder Name: _____

Policy Holder ID: _____ Policy Holder Date of Birth: ____/____/____

Please note here if you do not have insurance: _____

Family Physician		Phone ()
Dentist/Orthodontist		Phone ()
Hospital Preferred		
Operations or serious injuries (dates)		
Psychological conditions		
Disability or chronic recurring illness		
Activities limited by physician		
Dietary restrictions		
Allergies		
Medications		

*****NO MEDICATION WILL BE GIVEN WITHOUT SPECIFIC ADMINISTRATION INSTRUCTIONS*****

PLEASE READ AND SIGN: I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. I therefore agree that my child/ward may participate in all Enrichment Academy activities including travel off of the property. Also, I give permission for Enrichment Academy to use images and recordings of my child/ward without further compensation. I realize that in the event of an illness or injury while at academy or while participating in its activities, medical treatment may be required. I give permission for the medical personnel selected by the directors, or their duly appointed representative, to order any medical procedures, including x-rays, routine tests, treatment, hospitalization and transportation. Furthermore, I agree to bear the cost of all such treatment. I also agree to hold harmless Enrichment Academy and Fellowship North, its staff, and volunteers from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward in said activities.

SIGNATURE OF PARENT: _____ **DATE:** _____

Interested in serving as a sub?	YES NO
If so, what grades?	K 1 2 3 4 5 6 7 8 9-12
Interested in teaching fulltime?(application process required)	YES NO
If so, what subject?	

Enrichment Academy, 18 Forest Oaks St., Sherwood AR 72120 Fax: (501)834-8390

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PERMISSION FORM

Parent/Guardian		
Employer/JobTitle		
Work Phone	()	()
Home Phone	()	()
Cell Phone/Pager	()	()

As the Parent or Guardian listed above of the Child/Children listed below I hereby give the below listed individuals permission to pick up the child/children listed below from Enrichment Academy without prior written permission. By signing below the Parent or Guardian listed above acknowledges understanding that only individuals listed below will be allowed to pick his/her child/children from Enrichment Academy without prior written permission. No verbal communication will be accepted as permission for non-listed individuals to remove below listed child/children from Enrichment Academy.

Parent or Guardian signature:

Date: _____

<u>Child/Children</u>	<u>Grade</u>	<u>Individuals allowed to pickup child/children / Phone#</u>

Please be aware that a picture ID may be required for individuals listed above to remove child from Enrichment Academy premises.

PLEASE READ AND SIGN: I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. I therefore agree that my child/ward may participate in all Enrichment Academy activities including travel off of the property. Also, I give permission for Enrichment Academy to use images and recordings of my child/ward without further compensation. I realize that in the event of an illness or injury while at academy or while participating in its activities, medical treatment may be required. I give permission for the medical personnel selected by the directors, or their duly appointed representative, to order any medical procedures, including x-rays, routine tests, treatment, hospitalization and transportation. Furthermore, I agree to bear the cost of all such treatment. I also agree to hold harmless Enrichment Academy and Fellowship North, its staff, and volunteers from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward in said activities.

SIGNATURE OF PARENT:

DATE: _____

Enrichment Academy

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TUITION AGREEMENT

Tuition Payment Choice (✓)	Options	Due Dates	# of Enrolled Students (✓)	# of Students	Yearly	1st Semester Aug-Nov	Monthly (9months) Aug-April
	Annually	paid in full by August Parent Mtg		1 student	\$225 (total)	\$112.50 (sem)	\$25 monthly
	Semi-annually	½ due @ August Parent Mtg ½ due January		2 students	\$450 (total)	\$225.00 (sem)	\$50 monthly
	Monthly	Initial pymt due @ August Parent Mtg, Final pymt due April		3 students	\$675 (total)	\$337.50 (sem)	\$75 monthly
				4 students	\$900 (total)	\$450.00 (sem)	\$100 monthly

Installment payments are considered past due after the first Tuesday Enrichment Academy meets. Delinquent accounts are assessed a \$10 late fee. Enrolling during school year please contact a director for updated tuition info. Students enrolled after initial enrollment will have prorated tuition and monthly amounts may vary.

High School Tuition

Select (✓)	# of Classes	per class	Monthly	Semester	Yearly
	1	\$15	\$15	\$67.50	\$135
	2-5	\$25 per month	\$25	\$112.50	\$225

NOTE: Semester Fees may apply to classes offered. These fees will be available at the Parent Meeting and due the first week of the month/semester Enrichment Academy meets. Collection steps may be taken to collect from patrons enrolled in the event a patron refuses to pay monies listed and owed to Enrichment Academy. This includes fees and tuition. The directors are authorized to make arrangements with anyone with financial difficulties due to specific circumstances.

RETURNED CHECKS

Any check returned by the bank will be assessed a \$25 fee and have 5 days after notification to make payment. Any person having two returned checks will be put on a cash-only basis for the remainder of the school year.

WITHDRAWALS

Notice of withdrawal must be made in writing to the Directors 30 days in advance of withdrawal. No refunds of any tuition or fees will be made to any student who voluntarily withdraws from Enrichment Academy. No refunds will be made in the event a student is asked to withdraw from school for disciplinary reasons or violations of school policies and regulations. Students will be considered withdrawn from the program and placed on delinquent status after 60 days of non-payment. Accounts must be brought current to be considered for re-enrollment in program.

For complete tuition policy visit www.enrichmentacademy.org

I have read and understand the complete Enrichment Academy tuition policy and agree to abide by the selection chosen.

PRINTED Name: _____ DATE: _____

SIGNATURE: _____