

Enrichment Academy

A Hands-on Homeschool Experience

| Family Info | Parent or Guardian 1 | Parent or Guardian 2 |
|-----------------------|----------------------|----------------------|
| Name | | |
| Employer Job Title | | |
| Phone 1 | H / W / C | H / W / C |
| Phone 2 | H / W / C | H / W / C |
| Email | | |
| Home Address | | |
| City State Zip | | |

Please list names of children you wish to enroll in EA.

| # | Student's Name | Age | DOB | M/F | Grade |
|----|----------------|-----|-----|-----|-------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

Other Siblings (Not Enrolled)

| Name | Age |
|------|-----|
| | |
| | |
| | |
| | |
| | |
| | |

Correlate # with # of student above.

| # | Allergies | Disability/Illness/Diagnosis (psychological or neurological) | Dietary Restrictions | Medications* | Other Medical Information Concerns |
|----|-----------|---|----------------------|--------------|---------------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

*If student must be administered medications during the day, Medication Permission & Instruction Document must be completed & on file.

Has your student(s) ever been suspended or expelled from private or public school? ☐Yes☐No

Has your student(s) been arrested or in trouble with the law? ☐Yes☐No [If yes, explain in detail on a separate sheet of paper.]

List individuals with authorization to pick up child(ren) .

Only persons listed will be allowed to pick up students.

For deletions and/or additions to the authorization list, please contact director.

| Authorization List |
|--------------------|
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| |

Do you check email regularly? ☐Yes☐No

I understand that EA's main method of communication is via email. _____(initials)

Interested in subbing? ☐Yes☐No

If so, what grades? ☐K ☐1-2 ☐3-4 ☐5-6 ☐7-8 ☐9-12

Interested in teaching? ☐Yes☐No (application process required)

Activity Fees

All Students pay an activity fee of \$25 to help cover the cost of co-curricular and corporate activities. Due August.

Additional Fees

Additional fees may be required for specific classes for workbooks and/or other curriculum. Additional Fees available at or prior to the Parent Meeting and are due the first week Enrichment Academy meets.

Supply Lists

Student(s) are responsible for providing own personal school supplies. Supply list available online prior to the Parent Meeting. Parents may be asked to print documents for class work. Supplies due first day of class.

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www.enrichmentacademy.org

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| Registration* | Tuition Package | Payment Type | Due |
|--|--|--|--|
| <input type="checkbox"/> \$25 April 1-June 15 <input type="checkbox"/> \$50 June 16-Mar 31 <i>(per family)</i> *Fees are nonrefundable | <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Installments | <input type="checkbox"/> In Full (1 pymt) \$400/student <input type="checkbox"/> Semester (2 pymts) \$200/student <input type="checkbox"/> Installments (8 pymts) \$50/student | <i>September</i> <i>September & January</i> <i>September-April</i> |
| \$25 Activity Fee per student per year. Due August. \$25 per student X _____ Student(s) = _____ | | | |

Enrollment form NOT accepted without registration fee. Make checks payable to Enrichment Academy.

TUITION INFORMATION

- Changing tuition package or enrolling mid-year may result in varied tuition installment amounts.
- All tuition and fees must be paid by the payment due deadline published above.
- Installment payments not paid by due date considered past due.
- Delinquent accounts are assessed a \$10 late fee.

NON PAYMENT OF TUITION

- Billing Statement will be issued via email for the appropriate tuition and fees to registered students who have not paid tuition and fees by the due date.
- Failure to receive a bill does not exempt a patron from timely payment of all charges.
- All accounts, including any previous account balances, must be either paid in full or payment arrangements made before student returns to class.

CONSEQUENCES OF NOT PAYING TUITION AND FEES

- Failure to pay the full balance or make satisfactory payment within the first week of the terms of the tuition agreement will result in cancellation of enrollment.
- No refunds of tuition or fees if enrollment is canceled on delinquent accounts.

RETURNED CHECKS

- Checks returned by bank will be assessed a \$25 fee.
- Patron has 5 days after notification to submit sufficient payment.
- Patrons 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 Enrichment Academy 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 30 days of nonpayment.
- Accounts must be brought current to be considered for re-enrollment in program.
- Students who have been removed from the program must resubmit enrollment forms and registration fees and complete entire registration process to be considered for reenrollment.
- Collection steps may be taken in the event a patron refuses to pay monies listed and owed to Enrichment Academy. This includes fees and tuition.
- Enrichment Academy is authorized to make arrangements with anyone with financial difficulties due to specific circumstances.

PLEASE READ AND SIGN: I have read and understand the complete Enrichment Academy tuition policy and agree to abide by the selection chosen. 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 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 meeting facility/location, 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.

Printed Name _____ DATE: _____

Signature: _____

Office Use Only

☐ Registration Fee ☐ CK # _____ ☐ Cash Amount \$ _____ ☐ Confirmation Email