



# ENROLLMENT AGREEMENT

**Programs:** Two Day programs - *Tuesday and Thursday*  
Three Day Programs - *Monday, Wednesday, Friday*

**Kindergarten**.....5 Full Days \_\_\_;

**Kindergarten Enrichment**.....2 Half Days am \_\_\_; pm \_\_\_;

**Pre Kindergarten**.....2 Full Days \_\_\_; 3 Full Days \_\_\_; 5 Full Days \_\_\_  
3 Mini Days \_\_\_

**3 year old**.....2 Half Days \_\_\_; 2 Mini Days \_\_\_

3 Half Days \_\_\_; 3 Mini Days \_\_\_ 3 Full Days \_\_\_

**2 ½ year old**.....2 Half Days \_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Street

City

Zip Code

Home Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Street

City

Zip Code

Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Street

City

Zip Code

**Persons authorized to pick-up your child and/or contact in case or an emergency if neither parent is available.**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

**Custodial Information:** If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate documents. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Street

City

Zip Code

**Medical Emergency:** In the event that a medical emergency occurs I authorize Turtle Creek Learning Academy, to seek emergency medical care for my child as deemed necessary by the Director.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received the Parent Handbook and have reviewed the school's policies with the Director.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you be willing to participate in classroom activities during the year? (i.e. Mystery Reader Program, special events, share a special talent or skill, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Since we are a multicultural center, what particular holidays do you celebrate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any known allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any physical, social or emotional factors that we need to be aware of in order to better meet the needs of your child? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ages and names of all siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Previous school or group experience (other nursery schools, mommy and me, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I AGREE TO COMPLY WITH THE FOLLOWING POLICIES:**

1. The state requires we have a completed health record for each child.
2. Permission is granted for the child to use all of the facilities and participate in all the activities.
3. Permission is granted to use pictures taken at Turtle Creek, or during school trips in brochures, educational materials, or books.
4. Permission to publish your name and phone number, which will be distributed to class parents.
5. The first four school closings due to bad weather in your child's class will not be made up. If Turtle Creek Learning Academy is closed for any other reason, the school year will be extended to make up the lost days. No deductions are allowed for absences due to sickness, personal vacations, etc. I agree to pay the costs incurred in collecting outstanding tuition. Monthly tuition payments are due on the first of the month. A \$25.00 late fee will be assessed if the monthly tuition payment is not received by the 15<sup>th</sup> of the month.
6. Turtle Creek Learning Academy reserves the right to terminate this agreement. The parent may terminate this agreement for any reason up to June 1<sup>st</sup> with a one week written notice to the Director in advance of the effective date. All enrollment terminations or changes will be confirmed in writing. Your initial payment of one month of the yearly tuition is due at the time of enrollment (this is held for June's tuition). This fee will be nonrefundable if you terminate the enrollment agreement after June 1<sup>st</sup>. Before June 1<sup>st</sup>, you will be refunded 50% of the enrollment payment.
7. A five percent discount is allowed if the annual tuition is paid before the start of classes.
8. A five percent discount is allowed on the tuition of the second child enrolled.
9. A nonrefundable registration fee of \$50.00 is due at the time of enrollment.
10. A \$100 activity fee to cover class trips and special activities will be due along with your September tuition payment due by September 1<sup>st</sup>.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In addition, I hereby grant permission to Turtle Creek Learning Academy to use my child's photograph on its Worldwide Web Site without further consideration ([www.turtlecreekacademy.com](http://www.turtlecreekacademy.com)). I also acknowledge that the school may choose not to use my child's photo at this time, but may do so at its own discretion at a later date. I also understand that once my child's image is posted on the school's website, the image can be downloaded by another computer user.

Signature \_\_\_\_\_ Date \_\_\_\_\_