





Application Form

Year for the year 20 ___ 20 ___ school year

Enrolment number:					
Name of the child: Gender Mal	— — Tecent passport				
Date of Birth (Month/Day/Year):	size photograph				
Seeking Admission for the Year 20 20					
Toddler: Nursery: L	KG: UKG: U				
Current residential address:					
Languages spoken:					
Any special words or names used at home:					
Father's name:	Occupation:				
Email:	Telephone:				
Mother's name:	Occupation:				
Email:	Telephone:				
* IN CASE OF EMERGENCY, PLEASE PROVIDE CONTACT: Name:					
Select Class Timings					

Program	Morning Batch	Afternoon Batch
Toddler, Playgroup, Nursery	□9:20 AM to 11.50 AM	□12:00 PM to 2:30 PM
Lower and Upper Kindergarten	□9:20 AM to 11.50 AM	□12:00 PM to 2:30 PM
Advance class (invitation only)	□12:00 PM to 2:30 PM	



















The cost for transportation is based on distance. The current year fees are as follows:

Evans Creek, Vesta, Redmond Hill - \$150

Within 3 mile - \$200 and within 5 mile radius - \$225

We will continue to review fees throughout the year and based on number of students enrolled at a location we may change fees with 1 month advance notice. It is optional for parents to opt in for Fun and Study arranged transportation.

% Payment and Refund Policy

The Academic year registration fee is as follows:

Admission fees	Amount	Monthly recurring fees	Amount
New student registration	\$200	Morning and afternoon session	\$750
Existing Student registration	\$100	Diaper fees	\$150

	Tuition Fee has to be paid for all the months the student has attended. There are no fee waivers for sick days or days o ffper our school holiday schedule.
•	For students leaving the school, one (1) calendar month prior notice in writing must be received by the school. For example for student planning to leave school from March 21st - the notice must be given by January 31, if notice is given on February 21st, entire
	March month fees are payable.
•	No exception will be considered for this policy under any circumstances. To join the school back within same Academic Year, re- registration fees would be required.
•	The Fun and Study Learning center reserves the right to add, modify and / or amend the above terms from time to time at its absolute discretion.
8	PAYMENT OF FEES
•	Direct debit: Monthly fees are payable by direct debit from your bank account and is payable by the 5th of the month. For any delays,
	\$5 per day late fees will be imposed. Fun and Study will charge your bank accounts by 5th of the month.
•	Cash or check: In limited circumstances, we accept payment by check or cash with additional processing fee of \$25 a month. The fees
	by cash/check is payable before 15th of prior month. For example, May 2019 fees are payable by April 15th, 2019.
•	For any delays, the late charge is \$5 a day
%	DECLARATION BY PARENT OR GUARDIAN
I h	ave read, understood and agreed to the above admission requirements, fee structure and the terms and conditions contained therein. I
un	derstand that this document forms part of the admission documentation required for admission at Fun & Study - Little Elly Preschool. All
the	e information set out in this application is true and accurate. The school reserves the right to vary or reverse any decision regarding the
stı	udent's admission or enrollment made on the basis of incomplete, untrue or inaccurate information
Pa	rent/Guardian Name & SignatureDate:Date:

For Office Use Only

Date of submission:	Enrollment no:
Desistantian form	A duning in a face
Registration fee:	Admission for:
Tuition fee:	Batch and Timings:
Tattori icc.	Battir and minings.
	Receipt no:
	- '
	Form processed by:











We are excited to oker the safety, convenience and ease for on-time tuition and fee payments to be made from either your bank account .

* ELECTRONIC FUNDS TRANSFER AUTHORI	ZATION FOR BANK AC	CCOUNT		
I (we) hereby authorize (business name)			to initiate debit	entries to
my (our) Checking or Savings Account, indicated	below. To properly affe	ct the cancella	tion of this agreement, I	(we) are required
to give 10 days written notice.				
% BANK ACCOUNT				
Your Name:		P	hone:	
Address:				
Bank or Credit Union Name:	•			·
Bank or Credit Union Name:				
Routing Transit Number (see sample below):				
Account Number (see sample below):				
Bank Account Holder Signature			Checking: \square	Savings:
For On cial Use Only	John Sample		BANK OF THE WES 555-555-5555	00226
Date Received	Mary Sample 123 Nice Street		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Anytown, USA Pay to the	A 11 - 1 - 3	(:1-10b-11b-	
	order of:	Attach \	oided Check Here	\$
Employee Signature		Depos	sit slips not accepted	Dollars
	 : 123456789 : 1	800338 • ', ,	0226 ,	
			Check Number	













AUTHORIZATION AND WAIVER TO TRANSPORT CHILD

Child's Date of Birth:

Child's First Name: _____ Child's Last Name: _____

% ALL CHILDREN UNDER 8 YEARS OF AGE ARE REQUIRED TO BE IN A CAR SEAT OR BOOSTER SEAT
I authorize Fun and Study LLC to transport my minor child in a company Bus/Van or Private cars, driven by an individual authorized by
Fun and Study LLC. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to
follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is not a required
for participation in the program.
I have read, understand, and discussed with my child:
• My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
• My child is expected to listen to supervising staff/driver, respect sta ffand other children, the vehicles they ride in, and the people
they travel with during the trip;
• Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, drivers, other drivers, or
objects; and,
• My child is to remain in their seat and not be disruptive to the driver of the vehicle.
Initial Each Statement
I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk
personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the
risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of
whether I have authorized such expenses.
As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to
release and forever discharge Fun and Study LLC, and their agents, officers, employees and volunteers from any claim that I might have
myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based or
negligence, in any manner arising out of this transportation.
I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be
legally bound by its terms.
Parent/Guardian Name:
Parent/Guardian Signature Date















FUN AND STUDY LLC MEDIA RELEASE AND WAIVER FI ENROLLED CHILDREN

Photography Release Form

I give permission for my child to be photographed by school's sta ffmembers or school appointed photographers during the Academic Year and use at their discretion.

I hereby grant Fun and Study LLC permission to use my child's image in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to Fun and Study LLC, Inc. for its use in any and all of its publications, including website entries, without payment or other consideration.

I understand and agree that these materials will become the property of Fun and Study LLC, and will not be returned. I hereby irrevocably authorize Fun and Study LLC, Inc. to edit, alter, copy, exhibit, publish, or distribute the image for purposes of publicizing its programs or for any other lawful purpose.

I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's image appears. Additionally, I waive the right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless release and forever discharge Fun and Study LLC, Inc from all claims, demands, and causes of action, which I, or my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I further understand and agree that Fun and Study LLC does not have the ability to control who may have access to any such materials once they are made available by Fun and Study LLC (or any person authorized by or acting on be half of Fun and Study LLC) and I hereby release Fun and Study LLC from any liability arising out of or related to the use of the material.

I he	hereby certify that I am the parent or guardian of				
Prir	nt Child's Name				
	I do hereby give my consent without reservation to the forgoing on behalf of this person(s). I will not hold Fun and Study liable.				
Par	ent/Guardian's Printed Name				

Parent/Guardian Signature





























DECLARATION OF MEDICAL INFORMATION

e: Yes	No	
Yes	No	
osage	Purpose	
	osage	osage Purpose























% INCASE OF EMERGENCY, CONTACT

Name	Relationship to student	Telephone
1		Mobile:
		Home:
		Office:
2		Mobile:
		Home:
		Office:
'hysician's Name:	Clinic:	
ddress:		
	Contact number	
understand that the school will do its best to	on to drive my child/ward to the nearest medical control inform us as soon as possible. However, if none of school personnel to proceed with emergency treaters.	f the emergency contact names can be read
Parent/Gaurdian Name & Signature		Date:
	ocol in the event that a child is unwell. Children are encourager or have diarrhea while at school, parents are required to p	•
hereby certify that the above information is	complete and accurate. Any withheld medical info	ormation regarding the student may result
nrolment termination. I will not hold Fun ar	nd Study liable for any accident resulting from any	erroneous/withheld medical information o
:- f !! !! f	ion given to Fun and Study. I will keep Fun and Stu	dy informed if my child/ward were to deve
,		
,		
his form and/or any other medical informations medical condition Parent/Gaurdian		Date:











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APPLICATION PROCEDURE

Select	t your	program
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% PROGRAM INFORMATION - □ TODDLER □ PLAYGROUP □ NURSERY □ LKG □ UKG

a) Class size and more

Age Eligibility : For the academic year 2023 – 2024, the student's age will be calculated as of 31st August.

	Grade	Age of The Student		
f y	ou are enrolling mi	d-year the dates will	be calculated as of	date of enrollment.
	Playgroup	2 years 6 months	to 3 years 0 months	
	Nursery	3 years	to 4 years	
	Lower Kindergarten	4 years	to 5 years	
	Upper Kindergarten	5 years	to 6 years	

The admission in Nursery to Upper Kindergarten is based on skills and development stage. As necessary, the school performs evaluation at admission. Within first 3 months after enrollment, if needed, the school may request a level up or level down.

b) Settling period

- During settling period, parents will drop and pick up students to/from school and the fees are payable in full. We do not prorate fees
 for settling period.
- · If you have opted for transportation service, pick and drop will commence when your child starts regular school after settling period.

c) Re-registration fees

- · In case a student withdraws mid academic year and wants to rejoin within same academic year, registration fees are required.
- · The re-registration fees are higher than new student admission fees.

DECLARATION:

Parent/Gaurdian	Date:
Name & Signature	Date.

