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Enrollment Application Agreement

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| For Office Use Only: | | | | | | | | | | | | | | | | | | | | | | |
| Diagnostic date: | | | | | | 1. K&M Number | | | | | 3. Vinyl | | | | | | | 5. WhatsApp | | | | |
| Start date: | | | | | | 2. Payliance | | | | | 4. MailChimp | | | | | | | 6. | | | | |
|  | | | | | |  | | | | |  | | | | | | |  | | | | |
| 1. Student’s Information | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | First | | | | |  | | | M.I. | | | | Birthday | |  | |
| Name of School | | | |  | | | | | | | | | | | Grade | | | | | |  | |
| Math Time: | | | Day/Time/Class | | | | | | | | | | | Starting Point | | | | | | | |
| English Time: | | | Day/Time/Class | | | | | | | | | | | Starting Point | | | | | | | |
| List any special needs that we need to be aware of to help your child better. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 2. Parent’s Information | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | Phone | | | | ( ) | | | | | |
| Address |  | | | | | | | | | | | | E-Mail | | | |  | | | | | |
| How did you hear about us? | | | | | | | | | | | | | | | | | | | | | | |
| Referred by (Student Name) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Yelp/FB | | | Internet | | | | Walk-in | | | | Others | | |
| Photo Option: | | | | | | | | | | | | | | | | | | | | | | |
| Yes, grant permission | | | | | | | | | Center only | | | | | | | Do not grant permission | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 3. Payment Plan | | | | | | | | | | | | | | | | | | | | | | |
| **Recurring Debit** | | | | | | | | | | **Monthly Tuition Fees** | | | | | | | **One-Time** | | | | | |
| Math Tuition | | | | | English Tuition | | | | | Deposit + Registration Fee | | | | | |
|  | | | | |  | | | | |  | | | | | | |  | | | | | |
| *If your child misses a class for any unforeseen circumstance, you can schedule a make-up class within 4 weeks. Tuition will not be refunded for missed or cancelled classes.*  **Check Option:**  I understand the terms and agree that fees are due every 1st of the month. A $10 late fee will be charged for any paymentreceived after the first of the month for which it is due. | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Parent Name | Parent’s Signature | Date |   **CUSTOMER'S BANK INFORMATION**  Bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Routing Number (9 digits): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Account Type: Checking OR Savings (Please circle one.)  **Paying For** (if bank acct. holder is not the customer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ACH Option :**  I hereby authorize Eye Level of Torrance to debit my account as identified above. This authorization shall remain in effect until a written notice from me of intent to terminate is received within minimum of 30 days. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Parent Name | | | | | | | | Parent’s Signature | | | | | | | | | Date | | | | | |

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