



# Spring Academy Registration - Remote Classes

Student Name	Female/ Male	Birth Day	Montessori Circle+Math/ Science/Crafts	English Language Art	Enrichment (Daily Chinese, Spanish twice a week, Yoga, etc)	Total
Deposit – one month tuition (against last month tuition)						
Text Books – to purchase eBooks from <a href="http://www.99Learning.org">www.99Learning.org</a>						
Registration – <b>Per child</b>						<b>\$30</b>
<b>Total</b>						<b>\$</b>

**Policy: Registration Fee & book fee are non-refundable. First month tuition, one month tuition deposit, registration fee, and book fee are due upon registration. Tuition due 1<sup>st</sup> of each month thereafter. \$50 late fee applies if payment received after 5<sup>th</sup> business day. 30 days notice needed for program cancelation, however request for June withdrawal will not be honored. Deposit will be put against last month tuition upon 30-day notice, otherwise it is non-refundable. Make check Payable To: Spring Academy.**

Received by \_\_\_\_\_ . Note: \_\_\_\_\_

## Class Schedule:

Class	M	T	W	TH	F	Sat	Sun

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Parents Name: \_\_\_\_\_ Tel: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Parent's/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver Form** To complete registration, ALL students and parents/guardians must READ and SIGN the following. For students age 18 or under, their parents/guardians must sign.

I agree to take full responsibility for the consequences of my child (children)'s behavior in the Spring Academy. Such responsibilities include, but are not limited to, repairing damages to furniture and facilities caused by my child (children), and caring my child (children)'s injuries resulting from activities in the school. I agree not to hold the school liable for the consequences and/or actions of my child or children during the school sessions. I further agree to indemnify and hold harmless the school and the school teachers and volunteers for liabilities resulting from injury to any person or damage to any property caused by my child (children). I also give permission for my child(ren) to be photographed.

My signature below acknowledges that I have read a written statement from Spring Academy and agree to release the school from liability for the duration of the Academy.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_