

## Freedom of Choice Student Center Deposit

PLEASE SELECT WHICH PROGRAM YOU WILL BE ENROLLING YOUR CHILD IN

M-TH, 9 am - 1 pm

☐ PreK-5th ☐ 6-12th

M-TH, 9 am - 4 pm

☐ Kindergarten - 5th ☐ 6-12th

Adding Fridays 9 am - 1 pm

☐ Kindergarten -12th (additional \$250/mo)

### DEPOSIT ONLY

☐ I am paying a \$100 deposit fee to hold my child's spot.

This non-refundable fee will go toward the first month's tuition.

### DISCOUNT

☐ Please check here if you qualify for a multi-student, military or first responder 10% discount  
(only one discount type per family will apply)

### Freedom of Choice Student Center-Deposit Payment Information

Student's Name: \_\_\_\_\_

Student's Grade Upon Enrollment: \_\_\_\_\_

#### Payment Method

- ☐ Debit or Credit Card (Square - subject to bank & processing fees)
- ☐ Check      Check Number: \_\_\_\_\_ There will be a \$25 service fee for a returned check.
- ☐ Zelle (Acct# 760-521-7313 US Bank)    ☐ Venmo (@Dan-Granite-1)
- ☐ Cash

#### \*Required

☐ You agree that all deposits are non-refundable

Please Check one and fill in the desired year:

Please guarantee my child's spot for the \_\_\_\_ fall of 20\_\_\_\_ or \_\_\_\_ spring of 20\_\_\_\_.

Your \$100 deposit will go toward your child's first month's enrollment fee. Should you for whatever reason choose not enroll your student after all, your \$100 is non-refundable. Monthly tuition payments are due upon the first day of each month. If the payment is not made by the fifth day of the month, the student may be subject to dismissal or possibly withdrawn. If you face financial hardship, please contact us immediately.

#### \*Required

Parent Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature: \_\_\_\_\_

Parent

Date

#### OFFICE USE ONLY

Payment of \_\_\_\_\_ was paid in full on \_\_\_\_\_

Signature: \_\_\_\_\_

Freedom of Choice S.C. Admin

Date