



Application Form

Year for the year 20__ 20__ school year

Enrolment number:

Name of the child: Gender Male ☐ Female ☐

Date of Birth (Month/Day/Year):

Seeking Admission for the Year 20__ - 20__

Playgroup: ☐

Nursery: ☐

LKG: ☐

UKG: ☐

Current residential address:

.....

Languages spoken:

Any special words or names used at home:

Please affix a
recent passport
size photograph

Father's name:	Occupation:
Email:	Telephone:
Mother's name:	Occupation:
Email:	Telephone:

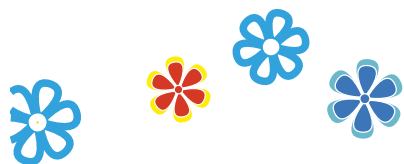
✿ IN CASE OF EMERGENCY, PLEASE PROVIDE CONTACT:

Name:Telephone: Relation to child:

Select Class Timings

Program	Morning Batch	Afternoon Batch
Toddler, Playgroup, Nursery	<input type="checkbox"/> 9:00 AM to 12.30 PM	<input type="checkbox"/> 1:00 PM to 4:30 PM
Lower and Upper Kindergarten	<input type="checkbox"/> 9:00 AM to 12.30 PM	<input type="checkbox"/> 1:00 PM to 4:30 PM
Advance class (invitation only)	<input type="checkbox"/> 1:00 PM to 4:30 PM	





✿ Transportation

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

Evans Creek, Vesta, Redmond Hill - \$150

Within 3 mile radius - \$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 session	\$775
Existing Student registration	\$100	Afternoon session (limited spots)	\$775
Re-registration fees	\$300	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 off per 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.

✿ 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. _____

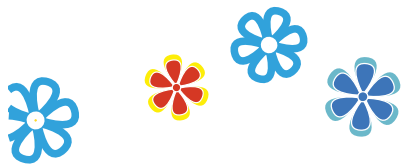
✿ DECLARATION BY PARENT OR GUARDIAN

I have read, understood and agreed to the above admission requirements, fee structure and the terms and conditions contained therein. I understand that this document forms part of the admission documentation required for admission at Fun & Study - Little Elly Preschool. All the information set out in this application is true and accurate. The school reserves the right to vary or reverse any decision regarding the student's admission or enrollment made on the basis of incomplete, untrue or inaccurate information

Parent/Gaurdian Name & Signature.....Date:.....

For On ce
Use Only

Date of submission:	Enrollment no:
Registration fee:	Admission for:
Tuition fee:	Batch and Timings:
	Receipt no:
	Form processed by:



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

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT

I (we) hereby authorize (business name) _____ to initiate debit entries to my (our) Checking or Savings Account, indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

BANK ACCOUNT

Your Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Bank or Credit Union Name: _____
Bank or Credit Union Name: _____ City: _____ State: _____ Zip: _____
Routing Transit Number (see sample below): _____
Account Number (see sample below): _____

Bank Account Holder Signature

Checking: ☐

Savings: ☐

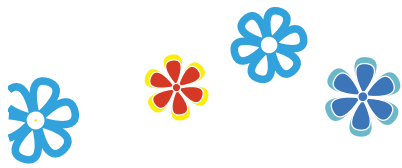
For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____		Attach Voided Check Here \$ _____	
_____		Deposit slips not accepted _____ Dollars	
123456789	1800338	0226	
Routing Number	Account Number	Check Number	





AUTHORIZATION AND WAIVER TO TRANSPORT CHILD

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

Child's Date of Birth: _____

✿ 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 requirement 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 staff and 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 on negligence, in any manner arising out of this transportation.

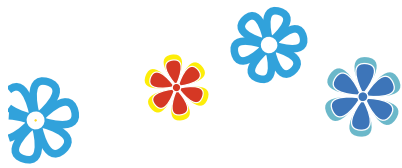
_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name: _____

Parent/Guardian Signature

Date





FUN AND STUDY LLC MEDIA RELEASE AND WAIVER for ENROLLED CHILDREN

Photography Release Form

I give permission for my child to be photographed by school's staff members 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 behalf 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 hereby certify that I am the parent or guardian of

Print 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.

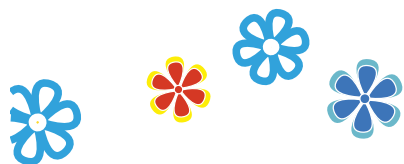
Parent/Guardian's Printed Name _____

Parent/Guardian Signature _____

Date _____







✿ **IN CASE OF EMERGENCY, CONTACT**

Name	Relationship to student	Telephone
1		Mobile: Home: Office:
2		Mobile: Home: Office:

Physician's Name: _____ Clinic: _____

Address: _____

_____ Contact number _____

✿ **MEDICAL INTERVENTION**

I hereby give the school personnel permission to drive my child/ward to the nearest medical centre/hospital for emergency treatment and I understand that the school will do its best to inform us as soon as possible. However, if none of the emergency contact names can be reached at the time of the emergency, I authorise the school personnel to proceed with emergency treatment considered appropriate under the circumstances.

Parent/Guardian Name & Signature	Date:
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Note: The school observes standard preventive protocol in the event that a child is unwell. Children are encouraged to rest at home should they be unwell. If children have any symptoms of infectious diseases, run a fever or have diarrhea while at school, parents are required to pick them up upon notification by the school.

✿ **DECLARATION**

I hereby certify that the above information is complete and accurate. Any withheld medical information regarding the student may result in enrolment termination. I will not hold Fun and Study liable for any accident resulting from any erroneous/withheld medical information on this form and/or any other medical information given to Fun and Study. I will keep Fun and Study informed if my child/ward were to develop any medical condition

Parent/Guardian Name & Signature	Date:
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