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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. |
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| 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. |
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| --- | --- | --- |
| 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 |

Eye Level Learning Center of Torrance ◊ 3737 Torrance Blvd. , #204 CA 90503 ◊ 310.792.7714