

## The Culture Tree Class Enrollment

Child's Name \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Second Child's Name \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Parent (s) Name (s) \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Cell \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Cell \_\_\_\_\_  
**If Applicable:** Is Hindi/Urdu spoken in the household? No \_\_\_ If Yes, circle all that apply: Mother Father Other \_\_\_  
 Does your child participate in other Cultural activities/classes? No \_\_\_ If Yes, which one? \_\_\_\_\_  
 Is there anything in particular you want us to be aware of, e.g. allergies, learning styles etc.: \_\_\_\_\_

**I would like to enroll my child/children to the following class/classes:**

	Tuition
Language Class, Day: _____, Time: _____, Location: _____	\$ _____
Language Class, Day: _____, Time: _____, Location: _____	\$ _____
Private Lesson	\$ _____
Other	
<b>TOTAL PAYMENT PER TERM \$</b>	

Sibling discount: 10% for the sibling's fee

**CONDITIONS FOR ENROLLMENT**

- 100% TUITION IS DUE IMMEDIATELY UPON CONFIRMATION OF SPACE AVAILABILITY FOR THE CLASS.
- TUITION IS NON-REFUNDABLE, NON-TRANSFERABLE AND PAYMENT IS VALID ONLY FOR THE TERM FOR WHICH THE CHILD IS ENROLLED.
- PARENTS AND GUARDIANS SIGNING THIS AGREEMENT ACKNOWLEDGE THEIR OBLIGATION TO PAY THE FULL TUITION AMOUNT FOR THEIR CHILD. THIS SIGNED AGREEMENT RESERVES A POSITION IN CLASS. THE RESERVATION PURSUANT TO THIS AGREEMENT IS MADE FOR THE FULL TERM.
- CLASSES FILL ON A FIRST-COME, FIRST-SERVED BASIS, WITH PRIORITY FOR RETURNING STUDENTS AND SIBLINGS.

**PHOTO PERMISSION**

I, \_\_\_\_\_, give permission to **The Culture Tree** to make or use pictures, digital images, of my minor child (name) \_\_\_\_\_, or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in productions, publications, on the web, or other printed or electronic materials related to the role and function of **The Culture Tree** identifying information and/or names will not be displayed without additional consent.

**CHECK PAYMENTS:**

Make checks payable to **Verdo Partners LLC**  
 Mail payments to: **Anu Sehgal, 205 West End Avenue, Suite 8V, New York, NY 10023**  
 There is a \$30.00 fee for returned checks

**I agree to the conditions above and wish to enroll my child in The Culture Tree program**

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Parent's name:** \_\_\_\_\_

**Parent's signature:** \_\_\_\_\_