Admissions Agreement

Student Name	Birth Date
Address	
Parent Name 1	Parent Name 2
Phone Number	Phone Number
E-mail	E-mail

PAYMENT POLICY: Payment is based on a monthly schedule and is due on the first day of the month . Payments after the 5th will be considered late and will be charged a $20.00 late fee. There will be a $20.00 surcharge for all returned checks. **Initial:**

HOLIDAYS/ILLNESS/VACATIONS: There are no fee deductions for holidays, illness, or vacations. **Initial:**

REFUND/WITHDRAWAL/TRANSFER POLICY: All tuition and registration fees are NON-refundable. Deposit is mandatory to hold a space. When there is no deposit on file, a new registration must be completed with the registration fee. A withdrawal notice is required two weeks before the start of Summer Camp to be in effect. Our goal is to make sure that your child receives the absolute best quality education. **Initial:**

CANCELLATION AND MAKE-UP: No make-up or reductions in tuition for any missed lessons. Private lessons require a 24-hour advance notice to reschedule. Cancellation of **'SUMMER CAMP TUITION'** must be made two weeks before the camp start date for a refund. **Initial:**

PARKING LOT SAFETY REGULATIONS: All vehicles must be parked in the designated lot for pick ups and drop offs. Vehicles not in compliance with regulations will be towed by building management. "E-PLEX BP" is not responsible for any fees pertaining to towing violations. "E-PLEX BP" is not responsible for theft or damage to vehicles or its contents. **Initial:**

ADVERTISING CONSENT: I hereby, give my consent to "**E-PLEX AFTERSCHOOL"** to use photographs of my child for commercial purposes. **Initial:**

SPECIFICATION: I understand that "**E-PLEX AFTERSCHOOL"** is a private educational institution and is not under the jurisdiction of the Community Care Licensing Department. **Initial:**

LIABILITY RELEASE: I understand that the activities offered at **"E-PLEX AFTERSCHOOL"** involve physical activity that may result in injury. I hereby release and agree to indemnify **"E-PLEX AFTERSCHOOL"** and any of its shareholders, directors, employees, volunteers, contractors, or agents for any and all liability from accident or injury incurred while my son/daughter participates in any of the programs offered, whether these programs occur inside or outside of **"E-PLEX AFTERSCHOOL"** In addition, I give my permission for **"E-PLEX AFTERSCHOOL"** to seek necessary medical aid for my son/daughter in case of an emergency. I agree to accept financial responsibilities for any cost incurred in the treatment of any injury or accident of the above student name. **Initial:**

OPEN DOOR POLICY-UNLIMITED ACCESS : All parents who have a child enrolled in one of E-PLEX programs have unlimited access to their child(ren) and to all written records concerning their child(ren) during normal hours of operation and whenever the child(ren) is in the care of E-PLEX. We welcome parents to visit and participate in daily activities at any time. **Initial:**

I have read, understand, and agree to abide by all of the above policies and conditions.

Parent/Guardian Signature Date

E-PLEX BP Director Signature Date