

ELF Educational Program Enrollment Form

Student Information

Child's Full name _____ Date of Birth _____

Family Information

Mother's / Legal Guardian's name _____

Home Phone (____) _____ Cell Phone (____) _____

Father's / Legal Guardian's name _____

Home Phone (____) _____ Cell Phone (____) _____

Street Address _____

City _____ State _____ Zip code _____

E-mail Address _____

Emergency contact

Name _____ Telephone # _____

Relation to the child _____

Health Statement

Please state the Applicant's General State of Health: _____

Is the Applicant under the Care of a Physician? _____

Your child's primary care physician name _____

Does your child have any disability, illness or allergy of any kind, which may require special attention or would limit participation in school activities?

If yes, describe briefly. _____

Will your child come to school with any medications or injections? If yes, Describe what and how often needed _____

Which program would you like to sign up for?

Sunday :

10:00AM-13:00PM \$145.00/month

13:30AM-4:30PM \$135.00/month

Sunday Play Group

13:00PM-15:00PM - \$60 -per month

Saturday :

9:45AM-11:15AM \$90.00/month

11:30AM-1:30PM \$115.00/month

Friday:

9:30AM-11:00AM \$115.00/month

Payments/Cancelation Policy

- Payments must be received on the **first of every month**.
- **One month's deposit** must be paid at the time of a signing this contract – it will cover last month's attendance.
- Parent may terminate this contract by giving **one-month written notice** in advance.
- We will provide a snack during classes (for 3 hours classes only)
- We are offering **10% discount** for second child from the same family.
- There is **no refund** due to weather emergencies closing or child sickness / no "make up" lessons.
- We are **closed on** Thanksgiving, Christmas, New Year, Memorial Day weekends.
- There are **no registration fees**.

I agree to the terms of enrollment and regulations.

Parent's signature _____ Date _____