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CHILDREN'S SPANISH PROGRAM ENROLLMENT FORM

PARENTS OR GUARDIANS

Mom's name:	Dad's name:
Cell #:	Cell #:
Work #	Work#
E-mail:	E-mail:

Address (City, State, Zip code):

Are you in Facebook? If yes, Connect with us; we provide helpful educational resources, insight news and updates for our students.

EMERGENCY (in case of an emergency, I authorize this people to pick up and/or drop off my child (ren), or may be contacted by phone)

Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:

ENROLLMENT I will like to enroll my child (ren)

Child's name:	DOB (mm/dd):	Class:
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METHOD OF PAYMENT: *cash or credit card (for your convenience we accept all major credit cards)*

REGISTRATION & TUITION - I understand that there's a one-time non-refundable registration fee due upon registration. Tuition is due on the first class of each month, there will be a grace period of five (5) days; however, if tuition is not received by the 5th of the month, a late fee of \$10 will apply. I understand that I have the right to discontinue my student (s) attendance at any time; I further understand that there are no refunds if I choose to stop bringing my child (ren) to class in the middle of the month.

SAFETY – all children must be checked-in and check-out at every class. Proper ID is required when picking up child (ren). Parent or caretaker must be in the building ready to pick up student (s) at least 5 minutes before class is dismissed. For promotional activities, Abc AppleTree Learning Center may utilize photographs of participating children and their parents or caregivers while engaged in our activities. By signing below you consent to such use and waive all rights to compensation.

PROGRAM RULES – all children are expected to be respectful and well-behaved while in the program. Disrespect and misbehavior towards personnel or peers is cause for dismissal from the program.

I hereby release, discharge and/or otherwise indemnify Abc AppleTree Learning Center, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of facilities utilized for the Programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Program. As Parent or legal guardian of the above named student (s), I have read and understood all rules mentioned above and hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

 Parent's Signature Date ABC AppleTree LC Agent Date

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
Class Level: <u>Spanish for Children</u>	Start Date: _____	
Class Day (s) & hours: <u>Fridays from 4-6pm</u>	How did they learn about us: _____	
Registration Fee: \$ _____ + Mo. Tuition: \$ _____ = \$ _____	Total PAID today: \$ _____	<input type="checkbox"/> Cash or CashApp <input type="checkbox"/> Credit card
	Balance Due: \$ _____	
	*Balance due is due the first day of class.	
<input type="checkbox"/> Completed Enrollment Form	<input type="checkbox"/> Take Placement test (if appl)	<input type="checkbox"/> Pay Registration fee <input type="checkbox"/> Welcome Folder