



## 2021/2022 Academic Year Enrollment Agreement

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Indicate selection(s) from Term and Program selection below.

**Term:**

- Full Academic Year (August 30, 2021 – June 17, 2022)
- First Semester (August 30, 2019 – Dec. 23, 2021)
- Second Semester (Jan. 3, 2022 – June 17, 2022)

**Program Selection(s):**

**Full Day Program**

- |   |            |
|---|------------|
| <input type="checkbox"/> Five Days (7:30am-5:30pm)                                | \$190/wk   |
| <input type="checkbox"/> Three Days (7:30am-5:30pm)                               | \$145/wk   |
| <input type="checkbox"/> Four Day ( <i>To Be Determined T/B/D</i> ) 7:00am-5:30pm | \$170/week |
| <input type="checkbox"/> Two Days (7:30am-5:30pm)                                 | \$97/wk    |

**Morning Program**

- |   |             |
|---|-------------|
| <input type="checkbox"/> Three Days (8:30am- 11:30am) | \$100/ Week |
|---|-------------|

**Enrollment Fee:** To reserve the enrollment I have indicated above, I have enclosed a non-refundable deposit of \$50.

**Returned Check Fee:** I understand that a returned check fee of \$45 will be added to the next billing cycle.

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent and/or guardian

\_\_\_\_\_  
Date