



2023/2024 Academic Year Enrollment Agreement

Student Name: _____ Birthdate: _____ Age: _____

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

Term:

- Full Academic Year (August 28, 2023 – June 26, 2024)
- First Semester (August 28, 2023 – Dec. 22, 2023)
- Second Semester (Jan. 2, 2024 – June 26, 2024)

Program Selection(s):

Full Day Program

- Four + Days (Monday-Friday) 7:00am-5:00pm \$225/wk
- Three Days (TBD) 7:00am-5:00pm \$170/wk

First Time Enrollment Deposit Fee: To reserve the enrollment I have indicated above, I have enclosed a non-refundable deposit of \$50. If you are currently enrolled you do not have to pay this fee.

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

We require a two week notice for early withdrawal. If your child does not attend during those two weeks, Stonebridge will still require payment.

School Administrator Date

Parent and/or guardian Signature

Name Printed

Date