**Enrollment Application and Contract \_\_-\_\_**

**Student 1**

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade Level \_\_\_\_\_\_\_ Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle: Does / Does Not have any special needs to be considered.

**Student 2**

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade Level \_\_\_\_\_\_\_ Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle: Does / Does Not have any special needs to be considered.

**Student 3**

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade Level \_\_\_\_\_\_\_ Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle: Does / Does Not have any special needs to be considered.

**Student 4**

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade Level \_\_\_\_\_\_\_ Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle: Does / Does Not have any special needs to be considered.

**References**

Advanced Academics has permission to speak to a child’s prior educational facility or caregivers and they may release records to our campus.

What daycare/preschool/school has your child(ren) attended?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone and/or Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policies**

Preschool through Middle Grade Enrollment

Your enrollment and tuition for classes is by the school year with monthly payments due through May. Monthly payments are due by the third day of each month via check or cash. Credit card payments will incur a 5% processing fee. The student will not be able to attend classes when payments are late and may return to classes upon payment of all tuition and late fees (defined below) due and owing.

To secure your seat(s) for future academic years, this enrollment will carry over. Notice of intent to withdraw or change programs for the following year must be given in writing by March 1st or the contract will continue as selected on this document and will honor any future tuition changes posted on www.adv-aca.com for the next academic year.

Deposit for the Academic Year

A payment of your child’s first month tuition is due to secure your enrollment. It is non-refundable.

Fees

A late fee of $25 will be charged for late payments after the 3rd of each month. Any fees caused by insufficient funds or credit cards will be the sole responsibility of the payee. A late pick up charge of one dollar per minute will be charged beginning five minutes after scheduled pick up time. The late pick-up fee is payable before the student will be admitted to the next class. Any costs for collection and/or attorney’s fees will be the responsibility of the client as well as allowable interest after 30 days of non-payment. Advanced Academics Academy may charge the credit card on file when a payment is not tendered by midnight on the third of each month. Credit cards are subject to a 5% processing fee.

Withdrawal

A contract may be cancelled at the end of the semester if a family moves further than 50 miles from the campus with a 30-day notice to quit. If you choose to withdraw your child for any other reason, you will be responsible for the whole year’s tuition on the date of withdrawal. Any student absent for more than ten academic days without contact notifying the campus via email will be considered withdrawn. The card(s) on file will be charged for tuition due for the remainder of the year. Any costs for collection (30%) and/or attorney’s fees ($325/hr.) will be the responsibility of the client as well as allowable interest (7%). A grace period of 30 days of non-payment will be given before accounts are sent to the attorney and/or collections. After the grace period, students will be expelled and not allowed to be readmitted with full yearly tuition due at that time.

Should Advanced Academics Academy decide that my child does not fit the parameters of the program, (e.g. stopping learning, hurting others, defiant) they will refund any paid tuition for the remainder of the year. A refund should be expected within 30 days of the last contact date from the family. Any costs for collection and/or attorney’s fees for unpaid tuition will be the responsibility of the client and subject to the same fees above.

Notice of Exemptions

I acknowledge that I have been informed that this learning center is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Illness Policy

I understand that if my child has a fever of 100 degrees Fahrenheit or greater, vomits or has diarrhea, I will be required to pick up my child or send someone in my place within an hour once notified by phone, text, or email. If the child is not picked up within an hour of notification, a $20 fee per hour will be charged and must be paid prior to admittance into the student’s next class. Children must be free of fever and not vomiting or having diarrhea without the assistance of medication for 24 hours before re-admittance.

 \*\*COVID-19\*\*: A child with a persistent cough that cannot be deemed a normal occurrence by a doctor due to allergies or other documented diagnosis, shall not be able to return to campus without a doctor’s note. Any child with a persistent cough that cannot be soothed with normal methods such as drinking water and eating crackers must be picked up and return with a doctor's note until this virus is under control. If your child has been in contact with someone that has been in contact with a diagnosed person, it is expected that they precautionarily wear a mask for ten days after that exposure. Refer to current CDC guidelines.

Photography/Videography

I understand that the student or participant will be photographed, or video recorded. They will never be presented with their name and likeness together. If you object to participation, please do so in writing and know that the participant will have to step out of those activities if needed. The images may be used for marketing and educational purposes. We will do our very best to be inclusive!

Exceptions

Parents/Guarantors understand our campus does not fulfill IEP goals or accept children with behavioral problems that disrupt the learning of others.

**Guardians & Whom May Pick Up Your Child(ren)**

Parent 1

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address on their identification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address on their identification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Backup Person 1

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address on their identification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Backup Person 2

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address on their identification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Plans & Discounts**

Initial One Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Full Day Elementary K-8th | 989/month |
|  | Half Day Elementary K-8th | 689/month |
|  | Half Day PreK Early Kindergarten | 489/month |
|  | Middle Grades Half Day | 689/month |

Initial One Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Full Day Elementary K-8th | 989/month |
|  | Half Day Elementary K-8th | 689/month |
|  | Half Day PreK Early Kindergarten | 489/month |
|  | Middle Grades Half Day | 689/month |

Initial One Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Full Day Elementary K-8th | 989/month |
|  | Half Day Elementary K-8th | 689/month |
|  | Half Day PreK Early Kindergarten | 489/month |
|  | Middle Grades Half Day | 689/month |

Initial One Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Full Day Elementary K-8th | 989/month |
|  | Half Day Elementary K-8th | 689/month |
|  | Half Day PreK Early Kindergarten | 489/month |
|  | Middle Grades Half Day | 689/month |

Initial One

|  |  |
| --- | --- |
|  | Tuition will be paid in full prior to the academic year. |
|  | Tuition will be paid monthly with first month prepaid to secure enrollment. |

**Discounts**

|  |  |
| --- | --- |
|  | Tuition will be paid in full prior to the academic year 1% |
|  | Sibling discount 1% |

My signature indicates that I understand and will comply with the terms and conditions of this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Office Use: Total Due Now: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid & Accepted \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_