



YEAR-ROUND ACADEMIC PROGRAM REGISTRATION FORM

Student's Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M [ ] F [ ]
School: \_\_\_\_\_
Parent's Name: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_
Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_
Parent's Email: \_\_\_\_\_ Student's Email: \_\_\_\_\_

FOR OFFICE USE ONLY
Date: \_\_\_\_\_ Testing: \_\_\_\_\_
Start: \_\_\_\_\_ Discount: \_\_\_\_\_
Group: \_\_\_\_\_ Rate: \_\_\_\_\_

How did you hear about KPLC?
[ ] Referral by a student or former student
[ ] Received information by email
[ ] Other personal referral
[ ] Yellow pages
[ ] Internet/WWW
[ ] Other: \_\_\_\_\_

Table with 3 columns: DAY, TIME, SUBJECT. Rows for MONDAY through SUNDAY.

Registration Fee: \_\_\_\_\_ Materials Fee \_\_\_\_\_
Diagnostic Test Fee: \_\_\_\_\_ Total Sessions Per Week \_\_\_\_\_
Total Tuition Fee: \_\_\_\_\_ Total Sessions Per Month \_\_\_\_\_
Total Due: \_\_\_\_\_ 10-month or 6-month pre-payment plan \_\_\_\_\_
Tuition Deposit: \_\_\_\_\_ No. of Installments \_\_\_\_\_ Other: \_\_\_\_\_

Please make checks payable to:
The Kendall Park Learning Center

PLEASE READ CAREFULLY AND SIGN:

I, the undersigned, agree to pay the fee indicated above. I further agree that if the applicant is enrolled, the enrollment is for the whole academic year and that no reduction or remission of said fees will be allowed by the Kendall Park Learning Center (KPLC) for absence, withdrawal or dismissal of said applicant at any time during said academic year. I further understand that all fees must be paid before a student may begin attending classes. I understand that for safety reasons, students are asked to leave the grounds directly after classes. Parents and students are responsible for prompt transportation to and from the Center. Students must not remain at the Center or on the grounds more than 30 minutes before or after their classes. I also acknowledge the following: 1) that I understand and accept the terms and policies of the KPLC as stated above and on the reverse side of this registration form, and 2) that I received a signed copy of this registration/policy form.

Parent's Name: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EDUCATIONAL POLICY

The Kendall Park Learning Center has established the following policy to provide a consistent and educationally sound program for each student. In order to best address the needs of every child who attends the center, it is important for parents and students to make a commitment to the educational programs.

### SCHEDULE

When you have selected the days and time most convenient for you, please confirm the dates with us as soon as possible. As it is our policy to limit each one hour session to three or four students per instructor (during group sessions), we recommend that you keep to the original schedule whenever possible.

### ATTENDANCE

Before attending class, each student must check in with the front-desk.

### PAYMENT

Statements are emailed on a monthly basis. All payments **are due on or by the first of the month**. A late charge of \$25.00 will be incurred after the 10th of the month. **Upon registration one month's tuition is due and may be applied at the end of the academic year if there are no outstanding balances.** The registration fee is nonrefundable. The materials fee is charged per academic year and nonrefundable. There will be a bank charge incurred for any returned checks. Students may register at any time during the year, and the payment schedule will be adjusted accordingly. **Please note that students cannot attend until the tuition is paid.**

Should the payment schedule present a financial hardship, we will attempt to adjust it to meet your needs. All financial arrangements will be kept in the strictest confidence.

**The KPLC is committed to the educational needs of your child and our educational policy is a reflection of that commitment.**

### VACATION

With advance notification, we will be happy to adjust the number of sessions and the payment schedule to accommodate vacations. Please notify the billing department two months prior to vacation for adjustments or you will be billed for the sessions. KPLC cannot guarantee your spot and student may be assigned to another teacher.

### CANCELLATIONS

It is our policy to accommodate your child's activities whenever possible. However, when we reserve time for your child, we cannot accommodate another child. Therefore, we ask that you notify the Center **within 24 hours** if you wish to cancel a session or call us before 12:00pm on the day of the class. The cancelled session should be **rescheduled in two weeks** or it **will be lost**. A session cancelled without first notifying the Center within 24 hours or before 12:00pm on the day of the class, **cannot be rescheduled. The student will be charged as if the session had taken place.** We allow one cancellation per month; if there is more than one cancellation, there will be a **rescheduling fee of \$5.00**. All confirmed make-ups cannot be rescheduled.

### MAKE-UP CLASSES

KPLC will schedule make-ups with the appropriate teacher. We reserve the right to schedule all make-ups with any of our KPLC teachers if a child's original teacher is not available.

### WITHDRAWALS

Thirty days prior to billing cycle written notice is required prior to any student's withdrawal from the Center. If KPLC does not receive written notification, and your account is current, you forfeit your right to the one month tuition refund.

Parent Initial: \_\_\_\_\_

Date: \_\_\_\_\_