

Springview Academy

ENROLLMENT CONTRACT

For OFFICE use ONLY:

Today's Date: _____

Deposit Received: _____

Check Number: _____

Child's Name:	Date of Birth:
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Parents' Names:	Home Phone: Mom cell: Dad Cell:
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Address (Street, City, State, and Zip):

Mother's E-mail Address:	Father's E-mail Address:
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Classroom:
 Lovebug Caterpillar Butterfly Dragonfly Bumblebee Cricket Bookworm Summer Camp Drop In

I agree to enroll my child, _____, in Springview Academy, located at 112 Springview Lane, Summerville, South Carolina, beginning _____. I have read and understand the Parent's Handbook and agree to abide by the rules and regulations as stated. I agree to pay \$_____ per week for _____ full or _____ ½ days. I understand that this includes holidays and other school closings. I agree to make my tuition payments _____ monthly, _____ bi-monthly, or _____ weekly. A deposit equal to two weeks tuition \$_____ is due payable with this contract and will be applied towards the last two weeks that your child attends school, providing that 30 days written notice has been given by you to the school's director prior to termination. If this notice is not given, the deposit will be forfeited and tuition due for that 30 day period will remain due. In the event that I decide not to enroll my child in Springview Academy, after completion of this signed contract, I understand that the deposit is non-refundable.

<p>My Contracted days and hours are as follows:</p> <p>Days: _____</p> <p>Estimated drop off time: _____</p> <p>Estimated pick up: _____</p>	<p>Were you referred to Springview Academy? If yes, by who? _____</p> <p>_____</p> <p>If no, how did you hear about Springview Academy? _____</p> <p>_____</p>
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I have read this agreement and the information contained in the Parent's Handbook. I fully understand and agree to both.

Parent's Signature: _____ Date: _____