

Springview Academy

WAITING LIST 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 add my child, _____, to the WAITING LIST at Springview Academy, located at 2125 Highway 17 North, Mt. Pleasant, South Carolina. Our desired start date is: _____. I have read and understand the Parent's Handbook and agree to abide by the rules and regulations as stated. Once a spot becomes available I agree to pay \$_____ per week for _____ full or _____ ½ days. **A non refundable \$50 waiting list fee is due payable with this contract and will be applied towards my two week deposit, once a spot becomes available for my child.** In the event I decide not to enroll my child in Springview Academy, after completion of this signed contract, I understand this waiting list fee is non-refundable.

My Contracted days and hours are as follows: Days: _____ Estimated drop off time: _____ Estimated pick up: _____	Were you referred to Springview Academy? If yes, by who? _____ _____ If no, how did you hear about Springview Academy? _____ _____
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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: _____