

# REENROLLMENT PAPERWORK

## Tuition Payment Options

Parent/Guardian Name \_\_\_\_\_ Billing Email \_\_\_\_\_

Student Name \_\_\_\_\_ Grade Level for 2021-22 Academic Year \_\_\_\_\_

Billing statements should be sent to: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Other(indicate)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Billing Email \_\_\_\_\_

**Tuition for the 2021-2022 school year will be paid using only cash or credit card, NO checks will be accepted.**

Total tuition for the 2021-2022 school year \$ \_\_\_\_\_ Total Deposit on File \$ \_\_\_\_\_

**Option 1**                      **Payment in Full \$ \_\_\_\_\_**      Single payment due on or before  
September 7,                      2021. **Note: If payment is not received on or before the due date, you  
will default to a 9 month payment plan and be billed accordingly.**

**Option 2**                      **9 Monthly Payments of \$ \_\_\_\_\_**      First payment is due beginning in  
September and will continue monthly, October through May of the 2021-2022 school  
year, these payments will be due on the 1st of each month by 5:30 pm.

**\*Payments received after the 1st day of the month will be charged a late fee of \$25/week until collected.\***

I would like to have my account automatically debited from the following account on the first day of each  
month. \_\_\_\_\_ (initial)

\_\_\_\_\_ **Auto Pay with Checking. There is no fee for processing.**

Bank \_\_\_\_\_ Account # \_\_\_\_\_ Routing# \_\_\_\_\_

\_\_\_\_\_ **Auto Pay with Credit or Debit Card (Visa or Mastercard only). A 3% processing fee will be added.**

Name on Card \_\_\_\_\_ Account # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_

In the event you withdraw your student(s) from The Learning Academy before the completion of the academic year, you will be required to pay an additional full month's tuition and will forfeit the return of your deposit. If receiving financial aid, all aided amounts utilized must be repaid. \_\_\_\_\_ Intial I agree to make tuition payments for the 2021-2022 school year according to one of the options above. I have read the school policy regarding my deposit and tuition and agree to abide by these requirements. Should my account become delinquent by one (1) month, my child will be unable to return to school until payment is received and my account may be forwarded to collections.

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Has any of your contact information changed? \_\_\_\_\_ Yes (please complete additional forms) \_\_\_\_\_ No

### **PRESCHOOL SCHEDULING OPTIONS**

Please indicate your first, second and third schedule choices. Students who are four years old at the onset of the school year must choose a three day or full-time schedule. Choices are: Monday/Wednesday/Friday, Tuesday/Thursday or Full-Time. If you would prefer an alternative schedule, please list it below and we will do our best to accommodate you based on availability.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### **Early Withdrawal Agreement**

#### **WITHDRAWAL**

I understand that by registering my child to attend school at The Learning Academy and by paying a non-refundable deposit, a space will be reserved in the applicable class specifically for my child. I understand that registering my child without enrolling him/her or withdrawing during the school year will cause difficulty, as student spaces cannot or may not be filled. I also understand that as an independent school, The Learning Academy/L.E.A.R.N budget is based largely on tuition revenues and contributions.

#### **PAYMENT**

Therefore, I specifically agree that once my child is registered and guaranteed a space, if my child is withdrawn or dismissed for any reason, I am obligated to forfeit the return of my deposit and disperse an additional month's tuition in their absence. If I am the recipient of a scholarship or financial aid, I will be required to repay the difference between the actual tuition and the assisted amount for the entirety of my child's tenure so that this granted amount may be offered to a family who will use the aid in sum.

#### **ENFORCEABILITY**

This contract is valid, acknowledged and enforceable for the term of my child's enrollment at The Learning Academy. If any portion of this contract is found to be unenforceable by a court of law, then the remainder of said contract shall remain in full force and effect.

#### **ACKNOWLEDGEMENT**

I have read and agree to abide by all financial policies set forth for the term of my child's enrollment at The Learning Academy. In the event that tuition or fees remain in arrears, I understand that The Learning Academy/L.E.A.R.N retains an attorney or collection agency to collect monies due and I am responsible for reasonable attorney's fees or collection agency costs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_