Child’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Age (Years & Months) \_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aware of any allergies?  Yes (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alt. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings Names & Ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever attended day care?  Yes  No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Enrolling  Mondays  Tuesdays  Wednesdays  Thursdays  Fridays

Enrichment opted  Programming  Robotics  Chess  Arts & Craft

|  |  |
| --- | --- |
| **Programs (Dismissal to 5:30)** | **Monthly Rate** |
| Any 3-day aftercare with a choice of 1 Enrichment Class | $325.00 |
| Any 4-Day aftercare with a choice of 1 Enrichment Class | $365.00 |
| All 5-Day aftercare with a choice of 1 Enrichment Class | $400.00 |
| All 5-Day aftercare with all 4 Enrichment Classes | $495.00 |
| Drop-in Rates (Regular Days) | $35.00 |
| Drop-in Rates (Long Fridays) | $50.00 |
| Enrichment Only (Art, Robotics, OR Programming) | $135.00 + material cost each |
| Late Pick up | $10 per 15 minutes |

Radiance Learning is partnering with Medina Academy in offering a comprehensive after-school enrichment program with outdoor and indoor activities. Through these classes, students will learn to design, build, and program robots while developing engineering, critical-thinking and problem-solving skills. Our goal is to provide a safe environment and motivates students to reach their full potential through our academic programs.

**Emergency Contact:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_

Doctor / Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Information:** Medical, allergies (foods, etc.), limitations, surgery, heart, etc.

**Waiver of Liability:**

Should an emergency occur, for which I cannot be contacted, I/we will allow my/our child to be treated by hospital, physician, or other certified medical personnel in the event of injury, accident, or illness. I/We further agree to assume all risks and hazards incidental to such participation, including transportation to and from the center and do hereby waiver, release, absolve, indemnify, and agree to hold harmless Radiance Learning owners, supervisors, instructors, teachers, volunteers and authorized persons transporting myself or my/our child for any claim arising out of any injury to myself or my/our child, including injury caused by or resulting from the sole negligence or concurrent negligence. I also authorize the use of photographs and/or videotapes of my child / children/ward or myself as part of the Radiance Learning promotions.

**Authorized to Pick up Student:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_

**Payment Policy and Notice:**

When you withdraw your child, you need to give **1 Calendar month's advance notice** prior to withdrawal. You agree to pay all tuition and fees following your notice to the Center, even if your child is not in attendance. For example, if you want to leave between March 1, 2020 and March 31, 2020 - you need to give us notice on or before Jan 31, 2020. Failure to provide written notice will result in fee payment for March 2020.

Generally LWSD schools are in session for 180 days or more. Our fees are fixed annual amount for these 180 days and we divide them in equal monthly installments. You **pay this fixed equal amount every month** irrespective of number of working days in a given month. The monthly after school fees cover enrichment program when school is in session and it does not cover days when school is not in session. This monthly fixed fee does not change based on number of school days. It may appear that we charge full month fees in December, February or June or similar months when schools are in session for fewer days. One would need to consider that we do not charge higher fees for months with more school days example October, January, April, May and we do not charge lower fees or reduced fees for December, February or June. In June the school closes in second or third week of June, but monthly installment will remain the same fixed amount.

When school is not in session, we provide optional holiday camp at additional charge. The students who are enrolled in monthly program also pay Holiday camp fees. Our monthly fixed fee is for days when school is in session and it does not cover holiday camp fees. The holiday camp schedule and charges will be published later.

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Direct debit form:**

E-Check Automated Payment authorization form.

I authorize Radiance Learning to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing: The monthly fees will be proposed on or before 5th of the month.

Bank Information

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Type: \_\_ Checking \_\_ Savings \_\_ Consumer \_\_ Business

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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