



Mathology Enrollment Application Form

Please complete all fields.

MY CHILD INFORMATION

Child's Name (Initial, First, Middle, Last)		Nickname:
Date of Birth (Month/Day/Year)	Home Phone	Date of Admission (Month/Day/Year)
Home Address (Street Number, City, State-Zip)		Hours & Days in Tutoring Center:
Child Living With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian (Specify)		<input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Tutoring Center Child Attends:		Grade:
Teacher's Name:		Tutoring Center Phone
Does your child have any learning disabilities or Health Issue or Special Need? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:		

2 nd Child's Name (Initial, First, Middle Last)		Nickname:
Date of Birth (Month/Day/Year)	Home Phone	Date of Admission (Month/Day/Year)
Child Living With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian (Specify)		<input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Tutoring Center Child Attends:		Grade:
Teacher's Name:		Tutoring Center Phone
Does your child have any learning disabilities or Health Issue or Special Need? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:		

PARENT'S (GUARDIAN'S) INFORMATION:

1. Parent's (Guardian's) Name (Initial, First, Middle, Last)		Relationship to Child
Social Security #	Driver's License #/State	Cell Phone
Home Address (Street Number, City, State-Zip)		Home Phone
Employer	Employer's Address	Work Phone
Email Address		Occupation
2. Parent's (Guardian's) Name (Initial, First, Middle, Last)		Relationship to Child
Social Security #	Driver's License #/State	Cell Phone

Home Address (Street Number, City, State-Zip)		Home Phone
Employer	Employer's Address	Work Phone
Email Address		Occupation
<input type="checkbox"/> Check here if one of the Parent (Guardian) is NOT authorized to pick up the child. Parent's (Guardian's) Name: Court order document is required to be effective.		
How did you hear about us OR Name of parents who referred you? _____		

EMERGENCY CONTACT INFORMATION IF PARENTS (GUARDIAN) CANNOT BE REACHED: In case of illness or injury, please first contact: Mother Father Other (please specify: _____)

1. Name (Initial, First, Middle, Last)	Relationship to Child	Cell Phone
Home Address (Street Number, City, State-Zip)	Driver's License #/State	Home Phone
Email Address	Employer	Work Phone

2. Name (Initial, First, Middle, Last)	Relationship to Child	Cell Phone
Home Address (Street Number, City, State-Zip)	Driver's License #/State	Home Phone
Email Address	Employer	Work Phone

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event, I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge at Mathology Tutoring Center to take my child to:

1. Name of Physician (Initial, First, Middle, Last)	Work Phone	Work Fax
Work Address (Street Number, City, State-Zip)	Email Address	Emergency Medical Care Facility Name
Emergency Medical Care Facility Address (Street Number, City, State-Zip)	Work Phone	Email Address
If child's physician is unavailable, do we have permission to contact another? <input type="checkbox"/> Y <input type="checkbox"/> N I give my consent for Mathology Tutoring Center to secure all necessary emergency medical care for my child.	Guardian's (Parent's) Signature	Date:

PERMISSIONS

Media Release: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child's snap or video to be published on web site as single picture. I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child's snap or video to be published on Tutoring Center web site in group. I understand that Mathology Tutoring Center will not print or release identifying information in any public publication or announcement in conjunction with photographic images. I understand that Mathology Tutoring Center may print or release some identifying information, including first name, in internal publications and announcements (i.e. Positive Parenting Newsletter, etc.) in conjunction with photographic images. I understand that the term "snap" as used herein encompasses both still photographs and motion picture footage.	Parent Initials ____
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ENROLLMENT AGREEMENT

TUITION AND FEES

____ **ANNUAL REGISTRATION FEE:** I understand there is a \$25 per family non-refundable registration fee due at enrollment. This fee is due annually on August irrespective of enrollment month.

____ **ANNUAL ACTIVITY FEE:** I understand there is a \$25 per family non-refundable activity fee is due at registration. This fee is due annually on August irrespective of enrollment month.

____ **TUITION FEE:** Tuition for this program is \$_____ monthly (**paid on the 1st, 2nd or 3rd**).

I have enrolled my child in the following program(s):

Days: (check all that apply) M T W TH F From _____pm to _____pm

____ **TUITION FEE MODIFICATION:** I understand tuition fee and other fees such as late fee etc. are subject to change with reasonable notice.

____ **LATE OR UNPAID TUITION:** I agree to pay the tuition for the program as stated above. I understand fees are due monthly and I will include **LATE FEE \$10 WITH EACH PAYMENT IF PAYMENT IS LATE.**

I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The Tutoring Center cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.

Any unpaid tuition fees will be sent to a third-party collection agency. I UNDERSTAND THAT IF I AM DELINQUENT ON MY OBLIGATION TO PAY MATHOLOGY TUTORING CENTER, THEN I WILL BE RESPONSIBLE FOR ANY LATE FEES, INTEREST CHARGES, COURT COSTS, ATTORNEY FEES, AND COLLECTION CHARGES SHOULD THE BALANCE NOT BE PAID IN DUE DILIGENCE.

RETURNED CHECK: I understand that a \$35 processing fee along with the principal amount will be charged to my account for all checks that are returned for any reason including the late fee \$10 and this fee is in addition to any charges that my bank or financial institution may charge me. I will be required to pay by money order only for the next six months' period. If more than 1 check is returned, then all future payments must be made by money order.

ONE MONTH ADVANCE FEE IF NO SSN PROVIDED: I understand that I will pay one month advance tuition fee if I do not wish to provide my social security number. The two weeks' fees and any other due fees will be charged in the event of withdrawal or graduation and remaining balance will be refunded.

ABSENCE, HOLIDAY AND CLOSING

ABSENCE/VACATIONS: I agree to inform the Tutoring Center immediately if my child will be absent on any day(s). I understand that no allowances, credits, refund, or make up days shall be made for absences due to vacation or sickness. My regular contracted tuition is due regardless of child's attendance.

HOLIDAYS: I understand that the Tutoring Center is closed on the following holidays: New Year's Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving days (2 days), Christmas day till New Year's Day (December 25 through December 31). I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

INCLEMENT WEATHER CLOSING: The Tutoring Center will be delayed or closed as per Round Rock ISD Inclement weather policy. The closure or delay will be posted on Tutoring Center website www.StarMontessori.org or www.AustinStarMontessori.com or you can visit RRISD website <https://www.roundrockisd.org> to find that as well.

TUTORING CENTER PROCEDURE

WITHDRAWAL FROM PROGRAM AND RE-ADMISSION: I understand that I must provide a one (1) month written notice of withdrawal from the program. If this notice is not provided, I agree to pay all tuition and fees for one month, whether my child attends. I understand that when my child is withdrawn, she/he will only be eligible for re-enrollment based on availability and all other enrollment criteria. If my child is selected for re-admission, I will be required to complete an entire new Enrollment packet and pay a new nonrefundable registration and activity fee including any prior remaining balance along with current tuition fee.

SICKNESS: I understand that I will be notified if my child become ill at center and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up. I agree to notify the Tutoring Center if my child is exposed to or contracts a contagious disease. I understand that my child will be re-admitted after 24 hours free of fever and sickness.

PICKUP AND CENTER RESPONSIBILITY: I understand that I will pick up my child in time and Tutoring center is not responsible to observe or monitor your child/children after he/she is or they are done at Tutoring Center.

GENERAL RELEASE OF LIABILITY: I agree that Mathology Tutoring Center will **not** be held responsible and will **not** be financially liable for your child/children getting hurt at Tutoring Center or getting sick due to any reasons such as outbreak of any communicable diseases.

I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS AND CONDITIONS.

BOTH PARENTS OR GUARDIANS MUST SIGN BELOW:

Name: Signature Date

Name: Signature Date

NAME & SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT SOCIAL SECURITY NUMBER DATE