

Little Scholars Enrollment Agreement

I _____ agree to enroll _____
Name of Parent/Guardian Name of Student

in Little Scholars Learning Academy at 7555 Timber Springs Drive South; Fishers, IN 46038.

Regular class time and days: _____

Number of classes per week: _____ Monthly tuition: _____ Date of first class: _____

MAKE-UP CLASSES

The program is a tuition-based program that does offer make-up classes if there is space available. Regular attendance is necessary to allow newly won skills to become fully developed and reinforced. Please make every attempt to have your child attend each and every scheduled session.

PAYMENT AGREEMENT

- The fees are based on a monthly tuition regardless of the number of classes attended.
- Monthly tuition fees are due in advance of classes being rendered each month. Overdue accounts are subject to a \$5.00 service charge. Initials: _____
- Sessions may not be extended past one week for overdue accounts.
- In return for services provided, I agree to pay a monthly tuition fee of \$_____. Initials: _____
- I agree to pay a registration and supply fee of \$50.00. Initials: _____

METHOD OF PAYMENT

Cash or check payable to Little Scholars Learning Academy.

I/We have read and understood the terms of enrollment and acknowledge receipt of a copy of this document.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Little Scholars Learning Academy Health History

Child's Name	Date of Birth (MM/DD/YR)
Address	Home Phone
Health Card Name and Number	

Mother's Name	E-mail	
Home Address	Home Phone	Cell Phone
Work Address	Work Phone	

Father's Name	E-mail	
Home Address	Home Phone	Cell Phone
Work Address	Work Phone	

Emergency Contact Name	Relationship to Child	
Home Address	Home Phone	Cell Phone
Work Address	Work Phone	

Child's Physician	Address	Phone
Child's Dentist	Address	Phone

Does your child have any condition that would require special attention, medication, or diet? Yes No

Allergies: _____

Medication: _____

If yes, please give details and outline any procedures to follow: _____

*****Please attach a copy of your child's current immunization records.**

Parent/Guardian Signature _____ Date _____