



Family Info	Parent or Guardian 1	Parent or Guardian 2
Name		
Employer Job Title		
Phone 1	H / W / C	H / W / C
Phone 2	H / W / C	H / W / C
Email		
Home Address		
City State Zip		

Please list names of children you wish to enroll in ACE.

#	Student's Name	Age	DOB	M/F	Grade
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Other Siblings (Not Enrolled)

Name	Age

Correlate # with # of student above.

#	Allergies	Disability/Illness/Diagnosis (psychological or neurological)	Dietary Restrictions	Medications*	Other Medical Information Concerns
1.					
2.					
3.					
4.					
5.					
6.					

*If student must be administered medications during the day, Medication Permission & Instruction Document must be completed & on file.

Has your student(s) ever been suspended or expelled from private or public school? Yes No

Has your student(s) been arrested or in trouble with the law? Yes No [If yes, explain in detail on a separate sheet of paper.]

List individuals with authorization to pick up child(ren) .

Only persons listed will be allowed to pick up students.

For deletions and/or additions to the authorization list, please contact director.

Do you check email regularly? Yes No

I understand that ACE's main method of

communication is via email. _____(initials)

Authorization List

If so, what ages? 3-5 6-8 9-11 12+

Interested in teaching? Yes No (application process required)

Activity Fees

All Students pay a registration fee of \$50 to help cover the cost of co-curricular and corporate activities and administrative costs. Due Prior to start date. Registration fee reserves your spot in the program.

Additional Fees

Additional fees may be required for field trips or special activities. Prior notice will be given.

Registration*	Program	Payment Type	Due
<input type="checkbox"/> \$50 for 1 or 2 day (per student) <input type="checkbox"/> \$65 4-H Membership (Optional) *Fees are nonrefundable	<input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day <input type="checkbox"/> Sports & Rec <input type="checkbox"/> 4-H Projects	<input type="checkbox"/> 2 Day Program \$300 (Preferred Vendor) <input type="checkbox"/> 1 Day Program \$150/monthly <input type="checkbox"/> Sports & Rec \$ _____ <input type="checkbox"/> Project _____ \$ _____	<i>Before 1st class start date each semester. If using charter funds submit proof of request.</i>

Enrollment form NOT accepted without registration fee. Checks Payable to: A.C.E. or via PayPal to email ACELearning@yahoo.com friends & family

TUITION INFORMATION

- Registration and fees waived for Inspire Preferred Vendor Program students ONLY.
- All tuition and fees must be paid by the payment due deadline published above.
- Installment payments not paid by due date considered past due.
- Delinquent accounts are assessed a \$25 late fee.

NON PAYMENT OF TUITION

- Billing Statement will be issued via email for the appropriate tuition and fees to registered students who have not paid tuition and fees by the due date.
- Failure to receive a bill does not exempt a patron from timely payment of all charges.
- All accounts, including any previous account balances, must be either paid in full or payment arrangements made before student returns to class.

CONSEQUENCES OF NOT PAYING TUITION AND FEES

- Failure to pay the full balance or make satisfactory payment within the first week of the terms of the tuition agreement will result in cancellation of enrollment.
- No refunds of tuition or fees if enrollment is canceled on delinquent accounts.

RETURNED CHECKS

- Checks returned by bank will be assessed a \$35 fee.
- Patron has 5 days after notification to submit sufficient payment.
- Patrons having two returned checks will be put on a cash-only basis for the remainder of the school year.

WITHDRAWALS

- Notice of withdrawal must be made in writing to Academy of Creative Education 30 days in advance of withdrawal.
- No refunds of any tuition or fees will be made to any student who voluntarily withdraws from A.C.E Enrichment Center unless using charter funds. Remainder will be returned to account.
- No refunds will be made in the event a student is asked to withdraw from school for disciplinary reasons or violations of school policies and regulations.
- Students will be considered withdrawn from the program and placed on delinquent status after 30 days of nonpayment.
- Accounts must be brought current to be considered for re-enrollment in program.
- Students who have been removed from the program must resubmit enrollment forms and registration fees and complete entire registration process to be considered for re-enrollment.
- Collection steps may be taken in the event a patron refuses to pay monies listed and owed to Academy of Creative Ed. This includes fees and tuition.
- Academy of Creative Education is authorized to make arrangements with anyone with financial difficulties due to special circumstances at our discretion.

PLEASE READ AND SIGN: I have read and understand the complete Academy of Creative Education tuition policy and agree to abide by the selection chosen. I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. I therefore agree that my child/ward may participate in all Academy of Creative Education activities including travel off of the property. Also, I give permission for Academy of Creative Education to use images and recordings of my child/ward without further compensation. I realize that in the event of an illness or injury while at academy or while participating in its activities, medical treatment may be required. I give permission for the medical personnel selected by the directors, or duly appointed representative, to order any medical procedures, including x-rays, routine tests, treatment, hospitalization and transportation. Furthermore, I agree to bear the cost of all such treatment. I also agree to hold harmless Academy of Creative Education and meeting facility/location, its staff, and volunteers from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward in said activities.

Printed Name _____ DATE: _____

Signature: _____

Office Use Only				
<input type="checkbox"/> Registration Fee	<input type="checkbox"/> CK # _____	<input type="checkbox"/> Cash Amount \$ _____	<input type="checkbox"/> Confirmation Email	<input type="checkbox"/> Preferred Program