



Happy Minds Kids Academy– Enrollment Form

Child's Name: _____ Child's Birth Date: _____

Street Address : _____ Gender: Male / Female

City: _____ Zip Code: _____ Home Phone: () _____

Mother's Name: _____ Cell Phone: () _____

Father's Name: _____ Cell Phone:() _____

E Mail : _____

Please read the Schedules and Tuition Rates sheet carefully. Tuition is based on a 10-month rate. Tuition is paid in 10 monthly payments September through June. Our Summer Program is separate and begins in July. Summer Registration is in May.

**Please circle desired
schedule**

Half Day 8:15 am-12:15 pm.

Full Day 8:30 am-3:00 pm.

Extended Day 7:00 am-5:45 pm.

Please indicate desired days

2 days _____

3 days _____

5 days _____

To ensure your child's enrollment please sign below, attach your registration check and return to the office.

Non-Refundable Registration Fee \$150.00

Re-Registration Fee \$100.00

I understand that tuition payments are not waived due to illness or vacation. I understand that a 30 day written notice is required should I choose to withdraw my child(ren). I understand that tuition is due on the 1st of each month and that a late fee will be assessed for any tuition paid after the 5th of the month.

Signature of Parent or Legal Guardian _____

Date _____