



## REGISTRATION FORM

**Please print in block letters**

Student Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Emergency Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please specify class(es) and days to attend.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### STATEMENT OF POLICIES

1. A one-time \$50 fee per family is charged for registration.
2. Tuition and materials fee must be paid in full before the first class.
3. NO refund of tuition IN ANY AMOUNT will be granted after the second class.
4. Only after the first class will partial refund be made, to include tuition paid MINUS registration fee, materials fee and changes for the first class, whether attended or not.
5. Students are responsible for homework and the content of class work for missed classes. They must call the school to receive assignments and new materials, if necessary.
6. NO tuition credit will be given for missed classes, because absence places a greater demand on the time of the teachers to help the students to catch up.
7. If a student is asked to leave Samuelson Academy because of failure to perform in class or disciplinary problems, NO refund will be granted.

Authorized to pick up the student:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

In case of illness or accident, Samuelson Academy has my authority to secure necessary medical attention. I will not hold Samuelson Academy, its officers or teachers liable for medical aid rendered and will reimburse Samuelson Academy for medical and other expenses involved securing treatments. I hereby waive all claims against Samuelson Academy for illness, accident, or injury occurring in or outside of class.

**Yes, I have read and agree to abide by all policies listed above.**

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_