



EARLY ENRICHMENT ENROLLMENT AGREEMENT
Palm Academy Inc. – Authorized Licensee

Student Name: _____ Parent/Guardian Name: _____
Address: _____ Email Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Alt / Cell Phone: _____
Emergency Contact: _____ Phone #: _____
Relationship: _____ Current School: _____
Names of Persons Authorized to Take Child from Facility
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Age: Years _____ Months _____ Date of Birth: _____ Male Female
Allergies: Yes No Food Other (check one) *If yes, please explain:* _____
Medical Conditions: Yes No *If yes, please explain:* _____
Learning, Behavioral or Physical Challenges: Yes No *If yes, please explain:* _____

Start Date: _____ Approximate Drop-Off Time: _____ A.M, Pick-Up Time: _____ P.M.

Please select one of the following options:

Half Day (3 or 5)

Full Day (3 or 5)

I/We, as parents/guardians (“Responsible Party”) of the student named above (the “Student”), agree to enroll the Student in the Palm Academy Educational Program with the undersigned Authorized Licensee.

I/We understand that we are obligated to pay the amounts indicated in this agreement, regardless of whether the Student attends the weekly class sessions.

I/We understand and agree to follow all of the registration and tuition policies, and the terms and conditions of the Palm Academy - Early Enrichment Pricing Agreement (attached).

Parent/Guardian Signature

Date

Director/Administrator Signature

Date