



INFANT & TODDLER ENROLLMENT AGREEMENT

Palm Academy Inc. – Authorized Licensee

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

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 - Infant Pricing Agreement (attached).

<i>Parent/Guardian Signature</i>	<i>Date</i>
<i>Parent/Guardian Signature</i>	<i>Date</i>
<i>Director/Administrator Signature</i>	<i>Date</i>