



Enrollment Application and Contract 2012-2013

721 Utica Avenue
Huntington Beach, CA 92648
(714) 536-1441 Phone
(714) 536-3448 Fax
www.CardenAcademyHB.com

Student Information

Child's Name _____ Gender: Male Female Birth Date _____
 Grade in (9/2012): _____ Child lives with: Both Parents Joint Custody Mother Only Father Only

Parent Information

| | |
|----------------------------|-------------------------------|
| Mother's Name: _____ | Father's Name: _____ |
| Address: _____ | Address (if different): _____ |
| City/State/Zip: _____ | City/State/Zip: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Business Phone: _____ | Business Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Primary Email: _____ | Primary Email: _____ |
| Employer/Occupation: _____ | Employer/Occupation: _____ |
| Employer Address: _____ | Employer Address: _____ |

Program Selection

Please make selections and complete the (sub)totals for chosen payment options.
 Classes begin at 8:00 a.m./8:30 for K & 1. Classes end at 2:50 p.m. for K-4 and 3:15 p.m. for 5-8

| | | Monthly Payment |
|--|-----------------|-----------------|
| <input type="radio"/> Grades K-5 Academic Day | \$ 932.50 | \$ |
| <input type="radio"/> Grades 6-8 Academic Day | \$ 955.00 | \$ |
| <i>Longevity (Returning Students) Discount: 10%</i> | | -\$ |
| <i>Subtotal</i> | | \$ |
| <i>Sibling Discount: _____%</i> | | -\$ |
| <i>Subtotal</i> | | \$ |
| <input type="radio"/> Before School Care (7:00 a.m. — 7:30 a.m.) | \$ 125.00 | \$ |
| <input type="radio"/> After School Care (3:15 p.m. – 6:00 p.m.) | | \$ |
| <i>My child's monthly payment will be:</i> | | \$ |
| <input type="radio"/> Yearly tuition payment option (10 x the monthly payment) – due by August 1, 2012 <small>(See below for Tuition Refund Plan option.)</small> | Total \$ | |

After School Clubs

| Payment Terms | 1 Day Per Week | 2 Days Per Week | 3 Days Per Week | 4 Days Per Week | 5 Days Per Week |
|---------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|
| Monthly | <input type="radio"/> \$36 | <input type="radio"/> \$63 | <input type="radio"/> \$85 | <input type="radio"/> \$109 | <input type="radio"/> \$128 |

Enrollment Deposit Due & Annual Fee Information

| | Annual Cost | Amount Due |
|--|-------------|------------|
| Non-refundable Annual Registration Fee (<i>per family</i>) <small>(waived if enrollment is completed by March 31, 2012)</small> | \$ 150.00 | \$ |
| Non-refundable Annual Fees <small>(includes yearbook, testing fees, non-overnight field trips, one set physical education clothing, books, and student consumables)</small> | \$ 895.00 | \$ |
| Tuition Refund Plan (2.6% of the annual payment) <small>(Mandatory for monthly payments, optional for annual payments.)</small> | | \$ |
| Total Annual Fees(Registration Fee, Annual Fee and Tuition Refund Plan)due at time of enrollment: | | \$ |

Notes & Additional Policies

Parent's
Initials

| | | |
|--------------------------------|--|--|
| Deposit & Fees: | Please note total annual fees are non-refundable and non-transferrable and are due at time of enrollment. | |
| Payments: | Tuition payments are due on the first of each month beginning August 1, 2012 and concluding on May 1, 2013. Parents must complete required paperwork for any contract changes. | |
| Tuition Refund Plan: | Your financial obligation to the school is for the full annual tuition as stated in this contract. The school cannot refund tuition or cancel unpaid obligations if your child is forced to withdraw during the academic year. If your child withdraws, the Tuition Refund Plan will pay benefits (subject to the terms of the policy and the amount insured) to the school, which provides substantial assistance in meeting your financial obligation. | |
| Discounts: | You will receive the following sibling discounts if two or more siblings enroll: 8% off of the second child's tuition, 12% off of the third child's tuition, and 16% off of the fourth child's tuition. This discount cannot be combined with any other offer. If sibling enrolls in the Montessori program, he/she must be enrolled in the 5-day, 8:30-3:00 program to receive the discount. | |
| Conditional Acceptance: | If a student is admitted on condition of enrolling in Carden Academy's <i>Supplemental Tutoring and Academic Support (STAS)</i> Program for remediation, parents must complete required paperwork and submit relevant fees in addition to their tuition deposit. | |
| Late Payments: | Tuition & fee payments are due on or before the 1 st day of each month, beginning August 1 st through May 1 st . If the payment is received after the 7 th day of the month, a late fee of \$25.00 will be assessed. Additional late fees may be assessed if the account is not paid in full by the 8 th of the month. | |
| Pick-Up Times: | For parents arriving after 3:30 p.m. (academic day) a late pick-up fee of \$15.00 per hour will apply. Parents picking up after 6:00 p.m. (after-school care) will be charged a late fee of \$15.00 per 15 minutes or any part thereof. | |
| Returned Checks: | A fee of \$25.00 will be charged on all checks returned by the bank. | |
| Withdrawal: | No refunds or transfer of tuition, deposits or fees will be returned for withdrawal dates after March 31, under any circumstances. Prior to March 31, one full month's written notice of withdrawal is required when withdrawing a child from school. Regardless of the date of the notice, the notice will be processed on the first of the following month. For instance, notice received on the 15 th of November will constitute one month's notice beginning on the 1 st of December. Withdrawal notice must be written. We cannot accept verbal withdrawal notice. Any credit on the account, will be refunded within 30 days after the last day your child attends school. Student records will be released only after financial obligations are met. | |

In signing this enrollment form, the parent or guardian agrees to the policies as stated above.

| | | |
|---|---|------|
| Parent's/Guardian's Name (Printed) | Parent's/Guardian's Signature | Date |
| Carden Academy Administration (Printed) | Carden Academy Administration Signature | Date |

For office use only

| | | | | | | | | | |
|---|--|----------|---|----------|---------------------------------------|----------|---|----------|--|
| Returning Student? <input type="checkbox"/> Yes <input type="checkbox"/> No Discount Applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> LD <input type="checkbox"/> SD <input type="checkbox"/> TA <input type="checkbox"/> ED <input type="checkbox"/> Other: _____ If applicable, amount? \$ _____ | Enrollment Date: _____ Grade: _____ Form completed and deposit received by: _____ | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Tuition Amount due August 1, 2012</td> <td style="width: 50%; padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Registration due at time of enrollment <input type="checkbox"/> Reg. waived</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Annual Fees due at time of enrollment</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Tuition Refund Ins. due at time of enrollment</td> <td style="padding: 2px;">\$ _____</td> </tr> </table> | Tuition Amount due August 1, 2012 | \$ _____ | Registration due at time of enrollment <input type="checkbox"/> Reg. waived | \$ _____ | Annual Fees due at time of enrollment | \$ _____ | Tuition Refund Ins. due at time of enrollment | \$ _____ | Data Entry Record: <input type="checkbox"/> Deposit <input type="checkbox"/> Ledger <input type="checkbox"/> Billing Box <input type="checkbox"/> Emergency Info. Sheet/Allergy List |
| Tuition Amount due August 1, 2012 | \$ _____ | | | | | | | | |
| Registration due at time of enrollment <input type="checkbox"/> Reg. waived | \$ _____ | | | | | | | | |
| Annual Fees due at time of enrollment | \$ _____ | | | | | | | | |
| Tuition Refund Ins. due at time of enrollment | \$ _____ | | | | | | | | |



Student's Name: _____

2012-2013 Elementary & Jr. High Medication and Emergency Contacts Form

Medical Information

Does your child take daily medication? If yes, please complete this section.

Medication Name: _____ Dosage: _____ Reason: _____

Medication Name: _____ Dosage: _____ Reason: _____

Medication Name: _____ Dosage: _____ Reason: _____

If your child will require medication during the school day, please provide the medication in a tamper resistant prescription bottle (with a pharmacy label affixed). Medication should be brought to Administration and a Medication Consent Form will need to be completed.

Emergency Contact Information

In case of unexpected illness or injury, it is extremely important for the health and welfare of the students that Carden Academy be able to contact a student's parents or guardians.

Important: Any person listed on this page has permission to pick up your child from school.

| | Name | Relationship | Home Phone # | Work Phone # | Cell Phone # |
|---|------|--------------|--------------|--------------|--------------|
| 1 | | Mother | | | |
| 2 | | Father | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Print Parent's Name

Parent's Signature

Date: