

Creative Mansion Children's Academy
4745 S. Ellis Ave.
Chicago, Illinois 60615

Read Enrichment/Math Advance Tuition Agreement - 2011

I/ We _____
(names)

the parents of _____

agree to the following:

DATES OF READING/MATH COMMITMENT (Minimum 3 weeks)

Early Bird session:

June 6 thru June 10 _____ June 13 thru June 17 _____

Regular Camp Sessions:

June 20 thru June 24 _____ July 18 thru July 22 _____

June 27 thru July 1 _____ July 25 thru July 29 _____

June 4* thru July 8 _____ Aug 1 thru Aug 5 _____

July 11 thru July 15 _____ Aug. 8 thru Aug. 12 _____

Aug. 15 thru Aug. 19 _____ *We are closed July 4th for the holiday

Upon signing this agreement, I realize that the dates I have selected above will be reserved for me at this time by the Creative Mansion Children's Academy, Inc., Reading Enrichment/Math Advance Division. If I later decide that I would like a longer commitment, I realize that this will be granted based upon the availability of space. I realize that whether or not my child attends Reading/Math on the dates selected, I am still required to pay for the weeks I have reserved. The base rate for Reading Enrichment/Math Advance is \$225.00 per week. A \$50.00 non-refundable application fee is required with this agreement. Payments are to be paid one week prior to my child's enrollment and to cover the entire three week segment specified, with the exception of the early bird sessions, which are to be paid in advance for the entire period needed. These payments are due on the Friday before the segment begins, or not later than the Monday beginning the segment. The \$80.00 activity Fee covers all field trips, swim/gym classes, trip transportation, supplies, lunch and snacks. Preferably, fees are to be paid by check, credit card or money order. **Any checks that are returned NSF, will incur an NSF fee of \$25.00. No child may attend sessions unless fees are paid as outlined above. An assessment fee (late fee) of \$25.00 will be paid for non pre-paid attendance of my child.**

FEE DUE DATES

| DUE DATE | DATE COVERED | AMOUNT DUE |
|---------------|----------------------------|------------|
| May 3, 2011 | June 6 thru June 10, 2011 | \$225.00 |
| June 10, 2011 | June 13 thru June 17, 2011 | \$225.00 |
| June 17, 2011 | June 20 thru July 8, 2011 | \$675.00 |
| July 8, 2011 | July 11 thru July 29, 2011 | \$675.00 |
| July 29, 2011 | Aug 1 thru Aug. 19, 2011 | \$675.00 |

This contract is legally binding for the period contracted for. I give Creative Mansion Children's Academy, Inc. authority to assign my wages if upon leaving the school an unpaid balance remains on my tuition account.

I/ We understand and agree to the terms set forth in this agreement.

Signature of Parent / Guardian

Signature of Parent / Guardian

Date

Date

Child's Name _____ Birth Date _____

If you will be paying fees by check, please fill out the following information so that you will not have to fill this out every time you submit a check to the Academy.

Mother's Birth Date _____

Mother's Soc. Sec. # _____

Mother's Driver's License # _____

Father's Birth Date _____

Father's Soc. Sec. # _____

Father's Driver's License # _____

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773 268-6066

Reading Enrichment/Math Advance Rates

Base Rate - Covers Lunch, snacks and field trips - \$225.00 per week and base hours of 6:30 a.m. - 6:00 p.m.

Additional hours cost additionally as follows:

\$1.00 per minute after 6:00 pm

Must select at least three weeks minimum.

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Read Enrichment/Math Advance Enrollment Application

This information requested herein will be helpful to us in planning for your child. All of this information will be held in strict confidence. It is necessary to complete the application in it's entirety. Thank you for your cooperation. A \$50.00, non-refundable application fee should accompany this application.

Current date _____

Date of anticipated enrollment: _____

FAMILY INFORMATION

Name of student _____ Sex _____

Birth Place _____ Date of Birth _____

Home Address _____
Number & Street City & State Zip Code

Home Telephone Number _____

Mother's Name _____

Address _____
Number & Street City & State Zip Code

Home Phone # _____ Work # _____

Business Name & Address _____
Number & Street City & State Zip Code

Hours of work _____ Nature of work _____

Father's Name _____

Home Address _____
Number & Street City & State Zip Code

Home Phone # _____ Work Phone # _____

Business Name & Address _____

Hours of Work _____ Nature Of Work _____

RELEASE INFORMATION

Persons to whom my child may be released:

Name _____ Address _____

Work Phone # _____ Home Phone # _____

Name _____ Address _____

Work Phone # _____ Home Phone # _____

Expected time of student's arrival _____ Departure _____

EMERGENCY INFORMATION

Persons to be contacted in case of emergency, other than parents: (List three)

Name _____ Address _____

Work Phone # _____ Home Phone # _____

Relationship to child _____

Name _____ Address _____

Work Phone # _____ Home Phone # _____

Relationship to child _____

Name _____ Address _____

Work Phone # _____ Home Phone # _____

Relationship to child _____

Physician to be contacted: Name _____

Address _____

Office Phone Number _____

Does your child have allergies: No ___ Yes ___ List: _____

Does your child have any physical or mental ailments: _____ No _____ Yes

Please List: _____

Creative Mansion Children's Academy has my permission to take my child from the premises to all of the field trips that are scheduled on the calendar that I have received. They also have my permission to make photographs and videotapes of my child participating in school activities to be taken and used for general publicity purposes. Should any special publicity or project be undertaken I/we expect to be notified, and given the option of participating or not. They also have permission to take my child to nearest hospital in case an emergency situation should occur that requires immediate medical attention.

Parent/Guardian Signature _____ Date _____

Administrator Signature _____ Date _____

