



# PreSchool Application Form – 20\_\_\_\_\_

I, \_\_\_\_\_, am enrolling my child, \_\_\_\_\_  
*Print Name* *Print Name*

in Apple Athletic Club's Preschool program. As such, I agree to abide by Apple Athletic Club's policies and procedures. I also agree to the following terms and conditions:

1. As part of my enrollment, I agree to the following payment plan:

<b>Members</b>	<b>Non-Members</b>
Registration: <b>\$60</b> 1 <sup>st</sup> Semester: <b>\$300</b> 2 <sup>nd</sup> Semester: <b>\$300</b>	Registration: <b>\$75</b> 1 <sup>st</sup> Semester: <b>\$335</b> 2 <sup>nd</sup> Semester: <b>\$335</b>
<b>APPLE USE ONLY</b>	<b>APPLE USE ONLY</b>
Amount Received: Receipt #:	Amount Received: Receipt #:
<p><b><i>The first semester payment must be received by 9/01. The second semester payment must be received by 2/1. Note: IF you pay for the entire year by the start of class, no registration fee will be required. A late fee of \$1.00 a day will be charged for every day thereafter that the payment is late.</i></b></p>	

2. I understand that I am committing for the entire year of Preschool, beginning in first full week of September **and ending in the 3<sup>rd</sup> week of May**. As such, I will be responsible for the aforementioned said payments. Should I move, I must supply acceptable verification in either of the following forms:

- ***Mortgage, Rental or Lease agreement at new residence.***
- ***Copy of new utility hook-up in the member or member's spouse's name.***
- ***Verification letter of employment offer – offer must be verifiable.***
- ***Enrollment Receipt (fees paid) from College or University.***

Such verification of move shall only affect a pro-rated payment of the 2<sup>nd</sup> semester.

3. As part of my enrollment, I understand that I will have 30 minutes during which I can leave my child in the nursery when I am in a bind either before or after class.
4. Classes are planned for either Monday & Wednesday or Tuesdays & Thursdays. Please check posted flyers for both the times & ages.
5. Any questions concerning this contract must be directed to Barbara Dee Ehardt only.

**By signing below, I both understand & agree to the above terms and conditions.**

\_\_\_\_\_  
*Name of Parent of Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Parent or Guardian*

\_\_\_\_\_  
*Date*

***Thank You for Your Application!***

***– Please continue on the back –***

*– Revised 02/18/10*

