

ESCUELA PROGRAM - APPLICATION FORM SCHOOL YEAR 2010/2011

Today's Date _____

- Child's name _____ age and birthday _____ boy / girl
- Parent's Name (both please) _____
- Home Address _____ City _____ State _____ Zip _____
- Home Phone _____ Mobile _____
- Email (very important- all communications are done by email) _____
- Business or Profession (both please) _____
- Name of Company _____
- Business Address _____ Business Phone _____
- Emergency Contact and Phone: _____
- Your Child's previous school experience (name of school and dates when attended) _____

- Would be possible to contact the school? _____ if yes, please provide a phone number and name of teacher to contact _____
- Does your child need or is currently in any special treatment that we should be aware of such as speech, physical, behaviour therapy? _____
- Does your child have any other siblings? (please write names and ages) _____

• ESCUELA PROGRAM: (please CHOOSE your group –Roja, Celeste, Verde , Azul, Amarilla- days (sessions) your are applying, specific days below)

Location	Class	Days	AM or PM	<input type="checkbox"/> 10 Payment Plan	<input type="checkbox"/> 1 Payment Plan
438 6th Avenue	-Roja -Celeste (M,W,F)	ONE SESSION A WK Any day -		\$225 monthly	\$2,250 per year
		TWO SESSIONS A WK Any combination of days		\$432 monthly	\$4,320per year
47 Sterling Place	-Verde -Azul -Amarilla -Naranja (M,T,W,Th or F)	THREE SESSIONS A WK Any combination of days		\$540 monthly	\$5,400 per year
		FOUR SESSIONS A WK Any combination of days		\$648 monthly	\$6,480 per year
		FIVE SESSIONS A WK		\$799 monthly	\$7,990 per year

SPECIFY and WRITE THE DAYS (SESSIONS) YOU ARE APPLYING:

LOCATION: _____

Juguemos a Cantar

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DAYS & TIME: _____
CLASSROOM & AGE: _____
PAYMENT PLAN: _____

Name AND Phone # of Child's physician _____

Address _____

IN CASE OF EMERGENCY SITUATIONS AND PARENTS CAN NOT BE REACHED WE SHOULD CALL:

- 1- NAME _____ TEL: _____ RELATIONSHIP _____
- 2- NAME _____ TEL: _____ RELATIONSHIP _____

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- Please read carefully and fill out this information sheet
 - Enclose a check made out to Juguemos a Cantar Inc
 - Send back this form with payment (1) REGIST FEE \$200 and (2) DEPOSIT ((3) TUITION AGREEMENT to Juguemos a Cantar- 357 6th STREET- Brooklyn NY 11215. All payments are completely non-refundable once your child has been accepted. Any tuition, registration fee or deposit payments are non refundable after a child is accepted whether the child attends class or not. No exceptions under any circumstance.
 - REMINDER: If you have any doubts please send us an email juguemosAcantar@aol.com or leave a message at (917) 453-1187.
 - Current enrolled families have registration priority and are guaranteed a spot through JANUARY 1ST. After JANUARY 1ST, applications will be considered on a FIRST COME FIRST SERVE basis (please send your application as early as possible NOT LATER THAN FEBRUARY 1ST). We will let you know AS EARLY AS POSSIBLE but not later than MARCH 1ST whether your child has been accepted.
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Please complete and sign:

I, _____ am the parent/guardian of _____, and I certify that my child has no known medical or other conditions that could interfere with his/her participation in Juguemos a Cantar activities. I hereby release, discharge and hold harmless Juguemos a Cantar, any of its instructors or staff, from any claims and all claims whatsoever, including but not limited to any claim of negligence or gross negligence that could otherwise be asserted arising out of or relating to any injuries physical or emotional that may result to any child while participating in any Juguemos a Cantar activity, or as a result of such activities. For its promotional activities, Juguemos a Cantar may utilize photographs of the participating children and its parents or caregivers while engaged in our classes. By signing below you consent to such use and waive all rights to compensation. I grant permission for my child to watch G-rated movies and educational children's videos. I understand that no refunds or adjustments will be made for incidental absences including, but not limited to, illness, medical appointments, or family vacation. If Juguemos finds it necessary to withdraw my child from the Program, I will be responsible for payment for the number of days and/or weeks s/he attended prior to the withdrawal date. Behavior: Juguemos seeks to uphold the Community Standards established as the code of conduct at Juguemos. Juguemos staff is responsible for providing a positive experience for my child; however, if he cannot live within the Juguemos Community, or if his behavior adversely affects the experiences of other children, I understand that he may be dismissed from the Program. I understand that there are no refunds. I have discussed the policies of the Program with my child, and my child understands that a consequence of his unacceptable behavior could be dismissal from the Program. I have discussed in detail with my child my expectations and have stated that we, as parent/guardian and Juguemos staff, are in agreement with respect to the consequences for failure to uphold the Juguemos Community Standards. I represent that the information I have provided on this Registration Form is true and accurate and further represent that I have read and understand this brochure, and agree to its terms. BY SIGNING AND DATING BELOW, I ACKNOWLEDGE I HAVE READ AND I ACCEPT ALL ENROLLMENT CONDITIONS.

Full name _____ Relationship _____ Date _____

X _____
Signature of parent or guardian

Juguemos a Cantar

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PLEASE RETURN THIS FORM TO SCHOOL

TUITION AGREEMENT SCHOOL YEAR

Please complete this tuition agreement and return it with your DEPOSIT and REGISTRATION FEES fee to secure a place for your child in our program.

As stated before, places in Juguemos a Cantar Escuela are reserved for the ENTIRE school year (September through June). The deposit, registration fee and all tuition payments are completely non-refundable. No deductions will be made for absence or withdrawal during the school year.

By signing this agreement I acknowledge my obligation to pay the full amount of tuition specified in the School's current Schedule of Tuition and all applicable fees for the full academic year which includes non refundable registration fee and all tuition payments. I acknowledge that no portion of fees paid or outstanding will be refunded or canceled in the event of the absence, withdrawal, or dismissal of the student from the school during the academic year. I acknowledge that, once notified of the acceptance in the program I will be fully responsible for the outstanding amounts. I acknowledge that this agreement shall be void if I shall notify the school *in writing* postmarked ON or BEFORE June 1st, 2010 that the student will not attend class at the school for the upcoming year, but no refund of deposit/registration shall be made. I understand that the student shall not be permitted to enter a new term if any amount of fees from any prior billing period remain unpaid. I understand that no tuition already paid will be allocated to future payments even in the case I have to reduce the number of days my child is attending school. I understand that if I pay tuition late than agreed, I will be subject to late fees. I understand that if tuition is due for two months my child will not be accepted in class until full payments is received and my child's spot in the program might be at risk and I will be fully responsible for the outstanding amounts.

I accept the rules and regulations of the school, which may not be changed by any oral agreement. In case any action is taken, whether by court proceedings or otherwise, to collect any sum which may become due under the terms of this Agreement, I agree to pay in addition to any amounts owed plus interest, all costs of collection, including reasonable attorney's fees of 25% of the unpaid balance, and other expenses incurred by the school.

Enclosed is the non – refundable deposit and registration fee to ensure the enrollment of my child. The deposit will be used to reduce the total due to school.

We have read the terms above and we wish to register our child _____ for the 2010/2011 school year and agree to comply with the terms stated above.

• Numbers of days enrolling my child (please specify which days you choose) _____			
• Child's name: _____			
_____ Signature Parent/Guardian	_____ Date	_____ Signature Parent/Guardian	_____ Date
(signature of both parents/guardians who are financially responsible for the above student are required)			
• Today's Date: _____			