

## 2011-2012 Registration Form

Fall registration for Sombbrero Time is now open. Fall 2011 classes will run from September 1- May 31, 2012, Tuesday-Friday following the EUSD calendar. Please complete all forms and include a nonrefundable check for registration. The registration fee is \$50 per student. Tuition is \$189 per month. A 16% discount is available for each additional student per family (\$159). See the tuition payment form for payment options. We must receive all forms by May 30, 2011 to secure your student's seat for class next Fall.

1st Student: \_\_\_\_\_ M or F: \_\_\_\_ DOB \_\_\_\_\_

School: \_\_\_\_\_ Grade Level Fall 2011: \_\_\_\_\_

2nd Student: \_\_\_\_\_ M or F: \_\_\_\_ DOB \_\_\_\_\_

School: \_\_\_\_\_ Grade Level Fall 2011: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_

Please initial one of the statements below to complete registration:

- I give Sombbrero Time permission to use any media taken during class for promotional purposes: \_\_\_\_\_ (initial).
- I decline to give Sombbrero Time permission to use any media taken during class for promotional purposes: \_\_\_\_\_ (initial).

### **Registration Check List**

- Fall 2011 Registration Form
- Medical Release Form (one form per child)
- Fall 2011 Tuition Payment Form (one form per family)
- \$50 per student non refundable registration payment

## Medical Release Form

I, \_\_\_\_\_ hereby give consent to Sombrero Time to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D) or dentist (D.D.S.) for \_\_\_\_\_ . I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/ guardian, etc. in case of an emergency. In the event of an emergency please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOOD ALLERGIES:** \_\_\_\_\_

**DRUG ALLERGIES:** \_\_\_\_\_

IN THE CASE A PARENT OR GUARDIAN IS UNAVAILABLE PLEASE PROVIDE AN EMERGENCY CONTACT:

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2011-2012 Tuition Payment Form

In order to start Automatic Credit or Debit Card billing complete the appropriate section below and sign the form. All requested information is required. Upon approval, Sombbrero Time will automatically bill your credit or debit card for the amount indicated and your total charges will appear on your monthly statement. You may cancel this automatic billing service at any time by contacting us. Otherwise, Sombbrero Time will cancel billing after your May 1, 2012 payment. Circle the applicable class and complete payment option #1 or #2.

Class	Monthly Cost
<b>Spanish AM/PM-1 Student</b>	\$189
<b>Spanish AM/PM-2 Students</b>	\$348
<b>Spanish AM/PM-3 Students</b>	\$482
<b>Spanish AM/PM-1 Student + 1 Kinder Student</b>	\$280
<b>Spanish AM/PM-2 students + 1 Kinder Student</b>	\$439
<b>Kinder Spanish-1 Student</b>	\$109

**Option #1: Credit/Debit Card Billing Authorization**

Effective September 1, 2011 I, \_\_\_\_\_ authorize Sombbrero Time to bill the following account as indicated above. Tuition payments will be debited from the account indicated below on the first day of each month starting September 1, 2011 through May 1, 2012.

**Circle One: VISA or MASTERCARD**

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

3 DIGIT SECURITY CODE: \_\_\_\_\_ CARDHOLDER NAME: \_\_\_\_\_

CARD BILLING ADDRESS: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**Option #2: Bank Bill Payment Agreement**

I agree to set up recurring bank bill transactions with my financial institution for the purpose of making timely tuition payments to Sombbrero Time. Checks generated from my financial institution will be made to the order of Sombbrero Time and delivered to the mailing address indicated below NO LATER THAN the 1st of each month. Recurring bank bill payments will commence on September 1, 2011 and end on May 1, 2012.

AUTHORIZED SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

## 2011-2012 Tuition Payment Policy

Please initial and return with your registration packet:

- Tuition is due on the 1st of each month and is payable via either automated Bank Bill pay, Credit or Debit card.
- All credit/debit card information is stored in an secured database for your protection. All hard copy payment forms are destroyed after data entry into the secured database.
- Hand written checks are generally not accepted and only when approved on a case per case basis.
- Tuition is considered delinquent on the 7th of the month, at which time a \$50 late fee will be applied to your account. On time payment ensures your child's seat is secured for the school year. Tuition is amortized over the school year and is not reduced for vacation, sickness or absences.
- A 16% family sibling discount is available per the published tuition schedule for 2011.
- Annual registration fees are non-refundable and cover student workbooks & class room supplies.
- If, for any reason, you choose to discontinue your student from Sombrero Time we require a 30 day written notice to be provided.

I have read and understand the Sombrero Time Tuition Payment Policy:

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

## 2011-2012 Student Pickup Authorization Form

Please list your alternate family member, friend, or day care provider approved to pick up your student from Sombrero Time. This information will be kept on file so that your student will be released only to those individuals authorized by you, the parent or guardian. Please provide name, cell phone number and California drivers license or appropriate picture ID for verification for each alternate. Mail or drop this form at the address below.

Parent Name: \_\_\_\_\_

Student/s Name: \_\_\_\_\_

People authorized by the undersigned to pickup named student/s from Sombrero Time:

Authorized Individual: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ CA DL# \_\_\_\_\_

Authorized Individual: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ CA DL# \_\_\_\_\_

Authorized Individual: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ CA DL# \_\_\_\_\_

Authorized Individual: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ CA DL# \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_