



## ENROLLMENT CONTRACT & PAYMENT PLAN AGREEMENT

*Su Escuela Language Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities made available to all students. Su Escuela Language Academy does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies and programs. Certain accommodations will be implemented if acceptable documentation is provided. Please contact the Director for more information.*

### **STUDENT APPLICATION FEE**

There is an annual Student Application Fee of \$65 paid at the time of re-registration or application. This Application Fee is non-refundable and is not deducted from tuition. Application Fee must be in the form of a check.

### **ENROLLMENT DEPOSIT**

There is an Enrollment Deposit of \$750 is required to enroll your child at Su Escuela Language Academy and to hold your child's spot until the first tuition payment is due. This Enrollment Deposit is non-refundable and is deducted from the tuition total. The Enrollment Deposit may not be applied to any other programs or for any other year. Enrollment Deposit must be in the form of a check.

### **LATE FEES**

For every day that tuition payments are late, a late fee of .5% of the remaining balance owed will be charged to the account.

### **BANK FEES**

If a payment is not processed and bank fees incur, an additional thirty-five dollar (\$35) fee is assessed.

### **TERMINATION POLICY**

After application is accepted, we cannot change a child's schedule. Space permitting, we can add days to a schedule. This enrollment agreement may be voluntarily terminated by a parent or guardian with written notice via mail or email directly to Su Escuela Language Academy at least thirty (30) days before the first class. If a child's enrollment is terminated for any reason, the deposit as well as any tuition that has been paid up to that point is non-refundable. Su Escuela Language Academy reserves the right to terminate this agreement if we determine that Su Escuela is not the right program for the student. If this is the case, written notice will be given to the Parent/Guardian and a portion of the tuition would be refunded as decided by Su Escuela Language Academy. *Su Escuela Language Academy reserves the right to modify the terms of this agreement upon thirty (30) days written notice to the Parent/Guardian listed below.*

I, \_\_\_\_\_ wish to enroll my child in Su Escuela Language Academy for 2015-2016. I agree with the terms and conditions of this Enrollment Agreement for Su Escuela Language Academy.

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

2015-2016

The efficiency of our school depends on prompt payment of tuition. It is the expectation that all payments for the payment in full, semi-annual, and monthly payment options be made on time and in full.

I understand that by enrolling my child, I am reserving his/her seat for the year and I am obligated to pay the full year's tuition and that any tuition paid is non-refundable. Should I withdraw my child before November 30<sup>th</sup>, I will be responsible for 50% of the full tuition, if not already paid. Should I withdraw my child after November 30<sup>th</sup>, I am obligated to pay the full year's tuition, if not already paid.

I understand that if my tuition payments fall in arrears, my child will not be permitted to participate in extracurricular activities and/or school attendance until the account is brought up to date.

If you have difficulty paying tuition, please contact the principle or business manager immediately.

**PAYMENT OPTIONS**

**Payment in Full:** (Visa, MasterCard & Check)

Due July 1st

Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_ EXP # \_\_\_\_\_ CVB # \_\_\_\_\_

Name of Card \_\_\_\_\_

Signature \_\_\_\_\_

**Semi-Annual Payment:** (2 installments) (Visa, MasterCard & Check)

1<sup>st</sup> due June 1st 2<sup>nd</sup> due November 1st

Annual financial fee of \$45

Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_ EXP # \_\_\_\_\_ CVB # \_\_\_\_\_

Name of Card \_\_\_\_\_

Signature \_\_\_\_\_

**Monthly Payment Plan:** (Monthly deduction from Checking Account)

8 Months May 1st - December 1st

Annual financial fee of \$100

Voided Check # \_\_\_\_\_

To enroll in the monthly payment plan, a voided check for the account that you would like to have the automatic withdrawal from *must be attached* to this form. If the 1<sup>st</sup> of the month falls on a weekend or holiday, funds may be deducted on the business day before.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

For Office Use:
Date: _____ Check: _____ Amount: _____ Rec'd By: _____

2015-2016