



STUDENT INFORMATION

Please Print

Student's First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Gender: ___Female ___Male

Address: _____

Phone Number: (____) _____ - _____

Allergies: _____

Medical Conditions: _____

Any important information you would like us to know about your child:

PARENT INFORMATION

Parent #1

First Name: _____ Last Name: _____

Address: _____

Phone Number: Cell (____) _____ - _____

Work (____) _____ - _____

Parent #2

First Name: _____ Last Name: _____

Address: _____

Phone Number: Cell (____) _____ - _____

Work (____) _____ - _____

Emergency Contact Information

Emergency Contact #1

First/Last Name: _____

Contact Number: _____

Emergency Contact #2

First/Last Name: _____

Contact Number: _____

Emergency Contact #3

First/Last Name: _____

Contact Number: _____

Terms and Conditions

1. Sea of Learning Education Center is a homeschool center.
2. Sea of Learning Education Center reserves the right to dismiss any student, whose conduct reflects unfavorably upon the center during his/her attendance at the Learning Center.
3. No refunds will be made if the student is withdrawn or dismissed from the center.
4. Registration fees are non-refundable.
5. Students will not be able to use their cell phones during school hours and will have to be turned off if brought into the center.
6. Sea of Learning Education Center is withdrawn from the responsibility for the loss of any personal property left at the center or for the loss resulting from theft or fire.
7. Parent is responsible for any damages caused by the student.
8. If your child is absent from their scheduled group time, that group cannot be made up and cannot be refunded.

Payment Agreement

1. There is a \$50 registration/supply fee at the beginning of each calendar year.
2. Tuition is due on or before the first day of school of each month if on a monthly payment plan.
3. If payment is not received by the 5th day of each month an additional \$10 will be added to the payment. A \$40 fee will be added for any bad checks.
4. Scholarships will be billed at the end of each month.
5. Morning and aftercare payments are due the week prior or the student will not be able to attend the following week.

I, _____ (Parent's First/Last Name) agree to all terms, conditions, and payment agreements.

Parent First/Last Name (Please Print) _____

Signature _____

Date ___/___/___