

Please complete and sign the following and return along with your registration forms.

I agree to pay \$ _____ for my child to attend _____ days from ____:____ to ____:_____.

I understand that there is a NO REFUND policy regarding registration and tuition and I have read the Admissions Agreement and agree to the guidelines contained therein for my child _____ (child's name).

I/we grant permission for a photo/image/video that includes this student without any other personal identifiers to be published on the school and or church public website or promotional materials. _____

I have received a copy of this agreement _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

31
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