



ARBORLAND EDUCATION & YOUTH ACTIVITY CENTER

2121 Hughes Drive, Fullerton, CA 92833 • Tel: (714) 871-3111 • Fax: (714) 525-9925
Website: www.arborland.com • E-mail: email@arborland.com

Application Form

2025 - 2026

Student Name: _____ Date of Birth: _____ Grade: _____ Gender: _____

Name of School: _____ Classroom: # _____ Teacher: _____

		Price	Total
School Year Programs (August 11, 2025 - May 29, 2026)			
The Study Hall program will end on Friday, May 29; Tutoring and Swim will end on May 27, and the Chess program will conclude on May 15, 2026. Re-enroll during the summer for the next school year. All activities are on a first come, first serve basis.			
Elementary Study Hall & Enrichment (1st - 6th grade) M, T, Th, F 3:00PM - 6:30PM / W 12:00PM - 6:30PM			
	5-day program	\$540 / month	
	4-day program Circle Choice: M, T, W, Th, F	\$460 / month	
	3-day program Circle Choice: M, T, W, Th, F	\$380 / month	
	Pick up from Fisler Elementary Only		
Intermittent Childcare			
	Holiday Care	\$42 / daily	
K-6th Tutoring			
	Private ½ hour	\$38 / lesson	
	Private 1 hour	\$64 / lesson	
7th-12th Tutoring			
	Private 1 hour	\$72 / lesson	
Swim			
	Private (30 minute once weekly)	\$220 / month	
	Semi-Private (30 minute once weekly)	\$180 / month	
	Group (30 minute once weekly)	\$100 / month	
Academic Chess	8 week sessions	\$152 / session	
Continuous Programs (All Year)			
Please see withdrawal policy on back.			
Tennis*			
	30 minutes once weekly group lessons	\$95 / month	
	60 minutes once weekly group lessons	\$170 / month	
	60 minutes twice weekly group lessons	\$260 / month	
	½ hour private	\$42 / lesson	
Dance*			
	Pre-Ballet, Ballet I & II, Ballet/Tap Combo, Jazz & Hip Hop	\$68 / month	
	Ballet Level III, III/IV	\$82 / month	
Art*	Primary	\$80 / month	
Gymnastics*	Level 1, 2, 3	\$85 / month	
Keyboard*			
	Pre-Mozart	\$70 / month	
	Little Mozart	\$92 / month	
Music Lessons*	Flute, Piano, Drums, Vocal, Guitar (½ hour private)	\$42 / lesson	
Soccer Primary*	30 minutes once weekly	\$100 / month	
Soccer Elementary*	45 minutes once weekly	\$112 / month	
Martial Arts*	40 minutes twice weekly	\$250 / month	
Theater*	60 minutes once weekly	\$100 / month	

Fees: **Registration** \$50.00 (waived for current Arborland student)
 Deposit \$100.00

Registration Fee: _____
Deposit Fee: _____
Total Payment: _____

Parents' Name: _____ / _____

Home Address: _____

City: _____ Zip: _____ Home Phone: () _____

Dad's Cellular Phone: () _____ Dad's E-mail _____

Mom's Cellular Phone: () _____ Mom's E-mail: _____

PAYMENT, RETURN, AND DECLINE POLICY

All tuition payments are due on the 25th of the prior month. Payments received later than the first of the month will be considered delinquent and subject to a **\$10.00 late fee**. Payments received later than the third of the month will be subject to a further **\$20.00** late fee. If the due date falls on a school holiday, please be sure that your payment is received by the due date to avoid any late fees. The student will not be accepted for any activities until full payment is received. There will be a **\$30.00** surcharge for all returned checks and batch credit card declines. After 2 returned checks or 2 declined credit cards, only cash, cashier's checks, or money orders will be accepted for the remainder of the school year.

Initial _____

REFUND/WITHDRAWAL/TRANSFER POLICY

All tuition and registration fees are Non Refundable.

Deposit is mandatory to hold a space. When there is no deposit on file, a new registration fee will be needed.

A withdrawal notice is required by the 15th of the month, to be in effect for the following month. For example, if your child will not be participating in October lessons, a withdrawal notice needs to be given to the office by September 15th. After September 15th, we will bill you for October and your child is welcome to attend classes and you are obligated to pay for the October lessons. Our goal is to make sure that your child receives the very best quality education.

Initial _____

HOLIDAYS/ILLNESS/VACATIONS: There are no fee deductions for holidays, illness, or vacations. There will be a \$100.00 service fee if your child causes the pool to close.

Initial _____

***MATERIAL FEES:** There may be additional fees to cover supplemental materials.

\$25 - Annual Art Material Fee / \$50 - Martial Arts Uniform Fee and \$35 - nunchucks

Initial _____

CANCELLATION AND MAKE-UP:

Group and Semi-private lessons: No make-up or reductions in tuition for any missed lessons.

Private lessons require a 24-hour advance notice to reschedule.

If **more than 2 private lesson cancellations** (even with proper 24 hr notice) occur **within a 4-week period**, we reserve the right to:

- Release the time slot to other students on the waitlist, **or**
- Convert your slot to a "standby only" booking (confirmed only 24 hours in advance based on availability).

Initial _____

ADVERTISING CONSENT: I hereby give my consent to Arborland Education & Youth Activity Center to use photographs of my child for commercial purposes.

Initial _____

SPECIFICATION: I understand that Arborland Education and Youth Activity Center is a private educational institution and is not under the jurisdiction of Community Care Licensing Department, which means that the children are free to come and go without parent's signing them in and out.

Initial _____

LIABILITY RELEASE: I understand that the activities offered at Arborland Education & Youth Activity Center involve physical activity that may result in injury. I hereby release and agree to indemnify Arborland Education & Youth Activity Center and any of its shareholders, members, employees, volunteers, contractors, agents, or Arborland Montessori Children's Academy from any and all liability from accident or injury incurred while my son/daughter participates in any of the programs offered, whether these programs occur inside or outside of Arborland Education & Youth Activity Center. In addition, I give my permission to Arborland Education & Youth Activity Center to move my child, administer CPR, and seek necessary medical aid for my son/daughter in case of medical emergency. I agree to accept financial responsibilities for any cost incurred in the treatment of any injury or accident of the above-named child(ren).

Initial _____

Parent's Signature

Date