



# ARBORLAND EDUCATION & YOUTH ACTIVITY CENTER

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

## Application Form

2023 - 2024

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of School: \_\_\_\_\_ Classroom: # \_\_\_\_\_ Teacher: \_\_\_\_\_

		Price	Total
<b>School Year Programs (August 14, 2023 - May 31, 2024)</b>			
School year programs end on Friday, May 31, 2024. Re-enroll during the summer for the next school year. <b>All activities are on a first come, first serve basis.</b>			
Elementary Study Hall & Enrichment (1st - 6th grade) M, T, Th, F 3:00PM - 6:30PM / W 12:00PM - 6:30PM			
	5-day program	\$520 / month	
	4-day program Circle Choice: M, T, W, Th, F	\$440 / month	
	3-day program Circle Choice: M, T, W, Th, F	\$360 / month	
<b>Pick up from Fidler Elementary Only</b>			
Intermittent Childcare			
	Holiday Care	\$36 / daily	
K-6 <sup>th</sup> Tutoring			
	Private ½ hour	\$35 / lesson	
	Private 1 hour	\$60 / lesson	
7 <sup>th</sup> -12 <sup>th</sup> Tutoring			
	Private 1 hour	\$70 / lesson	
Swim			
	Private (30 minute once weekly)	\$170 / month	
	Semi-Private (30 minute once weekly)	\$110 / month	
	Group (30 minute once weekly)	\$75 / month	
Academic Chess	8 week sessions	\$152 / session	
<b>Continuous Programs (All Year)</b>			
Please see withdrawal policy on back.			
Tennis*			
	30 minutes once weekly group lessons	\$88 / month	
	60 minutes once weekly group lessons	\$160 / month	
	60 minutes twice weekly group lessons	\$240 / month	
	½ hour private	\$38 / lesson	
Dance*			
	Pre-Ballet, Ballet I & II, Ballet/Tap Combo, Jazz, Hip Hop	\$63 / month	
	Ballet Level III, III/IV	\$78 / month	
Art*	Primary	\$75 / month	
Gymnastics*	Level 1, 2, 3	\$79 / month	
Keyboard*			
	Pre-Mozart	\$60 / month	
	Mozart I & II	\$90 / month	
Music Lessons*	Flute, Piano, Drums, Vocal, Guitar (½ hour private)	\$38 / lesson	
Martial Arts*	40 minutes twice weekly	\$200 / month	

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

Registration Fee: \_\_\_\_\_  
 Deposit Fee: \_\_\_\_\_  
 Total Payment: \_\_\_\_\_

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

Parents' Name: \_\_\_\_\_ / \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Dad's Business Phone: ( ) \_\_\_\_\_ Cellular Phone: ( ) \_\_\_\_\_

Cellular Phone Carrier (For texting through school system in case of an emergency) \_\_\_\_\_

Mom's Business Phone: ( ) \_\_\_\_\_ Cellular Phone: ( ) \_\_\_\_\_

Cellular Phone Carrier (For texting through school system in case of an emergency) \_\_\_\_\_

Dad's E-mail \_\_\_\_\_ Mom's E-mail: \_\_\_\_\_

**PAYMENT, RETURN, AND DECLINE POLICY**

All tuition payments are due on the 25<sup>th</sup> 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. You are welcome to use Bill Pay from your bank to send electronic payments to our Center. 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 15<sup>th</sup> 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 15<sup>th</sup>. After September 15<sup>th</sup>, 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 if your child causes the pool to close.

Initial \_\_\_\_\_

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

*\$20 - Annual Art Material Fee / \$50 - Martial Arts Uniform Fee*

Initial \_\_\_\_\_

**CANCELLATION AND MAKE-UP:**

No make-up or reductions in tuition for any missed lessons.

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

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