



In Partnership With



2008-09 School Year Challenge To Excellence

Child's Name _____ Home Address _____

City _____ Zip _____ Home Phone (____) _____

_____ Child's Grade _____ Birth Date _____ Place of Birth _____

_____ Primary Language _____ School _____ First Day in _____

Program _____ My Child is/will be a C2E Student _____ Child's Teacher _____

_____ My Child is the sibling of a C2E Student _____

Parent/Guardian Information Mother's Name _____ Address _____

(if different) _____ City _____ Zip _____

_____ Occupation _____ Work Address _____

_____ Home Phone (____) _____ Work _____

Phone(____) _____ Cell (____) _____ Work Schedule: _____

_____ Email Address (please print _____

clearly) _____

Father's Name _____ Address (if different) _____ City _____

_____ Zip _____ Occupation _____ Work _____

Address _____ Home Phone (____) _____ Work _____

Phone(____) _____ Cell (____) _____ Work Schedule: _____

_____ Email Address (please print _____

clearly) _____

PLEASE CALL DR. BRETT WITH ANY QUESTIONS AT 800-341-3177 X101

Please Initial: Authorizations & Policy

Enrollment Information: I have read and understand the enrollment information on admission and tuition.

Initial _____ **Hospital Transportation:** I give permission for Springboard to release my child to be transported to the nearest hospital by ambulance in the event of an emergency. Initial _____

First Aid/CPR: I give permission for the Staff of Springboard to administer First Aid & CPR to my child, if necessary. Initial _____

Picture Taking Permission Slip: I give permission for Springboard to take pictures/video of my child for the purpose of staff portfolios and center advertisements. Initial _____

Release of Records: I authorize Springboard to access and review all educational records, including but not limited to, an IEP, disability evaluations and test data for the purpose of providing instruction to my child. Initial _____

Departure: I authorize my child to leave Springboard unaccompanied at the end of the day for the sole purpose to meet outside for pick-up. Initial _____

If not, I authorize Springboard to release my child to the following person: (Please write "NONE" if no one else is authorized to pick up your child) _____ Name _____

Relationship _____ Home Phone (_____) _____ Cell

Phone (_____) _____ Name _____

Relationship _____ Home Phone (_____) _____ Cell

Phone (_____) _____

I have read and initialed the above Authorizations and Policies

Parent Signature

Date

Health Information Child's Pediatrician

_____ Phone (_____) _____ Pediatrician's

Address _____ **Child's Allergies**

_____ Any Special Chronic

Health Issues _____ Any Special Limitations or

Concerns _____ Please sign indicating that child's

medical record is on file at his/her school:

Hearing Issues: _____ Wears Hearing Aid: Yes/No Child's Identifying Marks: Race

_____ Sex M F Height _____ Weight _____ Hair Color _____ Eye Color _____

Additional Information:

Educational History Please describe your child's academic

strengths: _____

Please list areas that your child could benefit from additional support: _____

Has your child been diagnosed with a learning disability? _____ If yes, please describe:

Does your child take any medication? _____ If yes, please describe:

School Year Tuition

APPLICATION FEE:

A one-time yearly registration fee of \$25 is required of all parents/guardians (there is an additional \$5 charge per child for all additional children). If you have more than one child attending the program, please fill out a second form). **Students without completed enrollment forms will not be eligible to use the program.**

MONTHLY TUITION:

Your child's monthly tuition is based on the 2008-09 school year. There will not be a credit given if you child does not attend on his/her regular scheduled days. If you child adds an extra after school day a \$22/day fee will be added.

Afternoon Tuition

August & December	5 days per week	4 days per week	3 days per week	2 days per week	1 day per week
Monthly Tuition	\$239.25	\$191.25	\$148.50	\$101.25	\$51.75
Sep., Oct., Nov.	5	4	3	2	1

An additional sibling.

On Vacation Days Springboard will be open from 8:00 a.m. until 6:30 p.m. The *additional* cost on these days is \$39 for all three sessions (\$7 for the morning and \$16 for each of the other two sessions) which will be billed at the end of the month in which attendance takes place. If attendance is not scheduled in advance then the "drop-in" rates will be applied.

Please initial which statement refers to the needs for your child.

My child will attend when they are off track (and I will pay the full monthly tuition during those months) _____ My Child will only be attending full days from 8 am until 10:00 am _____ My child will be attending full days from 10:00 am – 2:30 pm _____ My child will be attending full days from 2:30 pm – 6:30 pm _____ My child will drop-in on an as needed basis for full days _____

My child will not be attending on full days _____ Springboard requires a monthly schedule of attendance for each child, and you will be charged monthly based on the schedule you give us.

Please check the box next to the days each week your child will attend.

Day of the Week	Afternoon
Monday	
Tuesday	
Wednesday	
Thursday	

The Springboard After School program is available until 6:30 pm. All children must be picked up by 6:30 pm, or parents will incur **an additional charge** of **\$6:30 pm.**

YOU CAN EMAIL YOUR ENROLLMENT FORM ALONG WITH A COMPLETED PAYMENT AUTHORIZATION FORM WHICH IS ATTACHED TO: bprilik@springboardschool.com

(NO PAYMENT IS CURRENTLY REQUIRED)

OR

YOU CAN MAIL YOUR COMPLETED ENROLLMENT FORM TO :

**SPRINGBOARD 10821
TROTWOOD WAY HIGHLANDS
RANCH, CO. 80126**

UPON RECEIPT OF YOUR COMPLETED APPLICATION AND APPLICATION FEE, SPRINGBOARD WILL SEND YOU THE SPRINGBOARD FAMILY HANDBOOK & YOUR CHILD'S PLACE IN THE PROGRAM WILL BE RESERVED.



Springboard methods of payment

We are pleased to offer you a simple and convenient way to pay for Springboard tuition —the Auto Recurring Credit and Checking Payment Plan. Your payment will automatically be charged to your Visa, MasterCard, Debit or Checking Account.

The Auto-Recurring Payment Plan will help you and us in several ways:

- It saves time and money – fewer checks to write and mail eliminating higher postage cost for both of us.
- Helps pay your bills in a convenient and timely manner – It eliminates late charges.
- Your payment is always on time—it helps maintain good credit.
- It's easy to sign up for, easy to cancel.
- Credit card user's benefit from points and rebates on their cards.

Here's how the Auto-Recurring Payment Plan works:

You authorize regularly scheduled charges to a credit card, debit card or to your checking account based on your enrollment. You will receive an email confirming your auto-payment. The charges will appear on your credit card or bank statement. If you do not have or use email, you can also request a written summary of any charges. You can confirm any charges by requesting this information from our accounting department or by requesting this information from our head teacher on site.

Springboard provides this simple means for payment to keep costs low. This payment system enables us to keep administrative costs low so that more resources can be allocated to your child through the use of highly skilled teachers and state of the art technology. The Springboard Foundation is non-profit. It keeps administrative costs low by not having you or us correspond by costly mail. The higher cost of paper, postage and accounting personnel would prevent us from offering this kind of academic and thematic support at this very low price. For instance consider if you brought your child to a tutor or for-profit tutoring company, the charges are \$100.00 to \$150.00 *per hour*.

Please complete the attached authorization form and return it to us. The authority given will remain in effect until you notify us in writing to terminate the authorization.

Please complete the information below:

I. TUITION: I _____ authorize _____ to charge/debit my account in the amount of _____ for payment of my tuition on a monthly basis.

II. EXTRA CHARGES: I _____ authorize _____ to charge/debit my account for extra charges such as my enrollment fee, extended days or drop in days.

There will be a small charge assessed for all recurring transactions. For the use of a checking or savings accounts (ACH transactions) the charge will be a total of 40 cents per transaction (less than the cost of a stamp) and for the use of a credit or debit card the charge is 2.09% of the total bill + 24 cents.

Account Type: • Checking/Savings

• Credit Card/Debit Card

Checking Account

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

If you are unsure of your account's routing number, please contact your bank for that information or see information below.

John Doe
Name on Account



241022233 333962222
Routing Number Account Number

Credit Card

Visa • MasterCard MasterCard

Cardholder
Cardholder
Name _____

Name _____

Account
Account
Number _____

Number _____ Exp.

Exp. Date _____ CCV _____

Date _____ CCV _____

Billing Address _____

Billing

City, State, Zip _____

Address _____ City,

Phone# _____

State, Zip _____

Phone# _____

—

Please print the names of your children attending Springboard:

1. _____

2. _____

3. _____

I agree to notify Springboard in writing or email of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. I understand that cancellations must be made in writing or email and confirmed by Springboard it has received your correspondence. I will not dispute merchant recurring billing with my credit card, so long as the amount corresponds to the terms indicated in this contract.

I also understand that any changes to my child's schedule must be in writing 30 days in advance. Your letter of change will be an amendment to this agreement for the new rate. Any extra days your child may attend Springboard during the month will be included in your next monthly payment. Please remember you must receive confirmation from Springboard that we received your letter/email of any changes.

SIGNATURE _____ DATE _____