

GEORGE COTTAGE ENROLLMENT AGREEMENT

To be completed by parent or guardian financially responsible for the following students.
I hereby reserve a place in George Cottage for the school year 2009 – 2010

BUSINESS OFFICE (504) 736-9921

STUDENT'S LAST NAME / FIRST NAME	M/F	SOCIAL SECURITY NUMBER	APPLICABLE PROGRAM?
(1) _____	_____	_____	<input type="checkbox"/> Toddler <input type="checkbox"/> 2-yr.-old <input type="checkbox"/> 3-yr.-old
(2) _____	_____	_____	<input type="checkbox"/> Toddler <input type="checkbox"/> 2-yr.-old <input type="checkbox"/> 3-yr.-old
(3) _____	_____	_____	<input type="checkbox"/> Toddler <input type="checkbox"/> 2-yr.-old <input type="checkbox"/> 3-yr.-old

I understand that a place will be reserved for the above-mentioned student(s) in George Cottage only if a signed Enrollment Agreement and the nonrefundable Registration Fee of \$200 per student are received and accepted by George Cottage. For returning families the student(s) must be Re-enrolled by January 30th for the ensuing session beginning in August; agreements received after January 30th will be subject to space availability.

In consideration of this Enrollment Agreement by George Cottage, the undersigned agrees to pay the designated fee for the 10-month program running from August 1-May 31 and abide by all stipulations and payment terms set forth in the enclosed document titled **George Cottage Policies and Procedures Parent Handbook**. Furthermore, I agree to comply with the operating policies and procedures as published in the aforementioned document and/or as modified and communicated by George Cottage administration during the school year. The following items must be on file at George Cottage before a student can attend the first day of school: the \$200 Registration Fee, a copy of the birth certificate, immunization records, health form and completed emergency card.

Unless and until I deliver to George Cottage written notice to the contrary, I hereby authorize the above named student(s) to participate in all

PLEASE PRINT INFORMATION:

TUITION PAYMENT PLAN (PLEASE CHECK ONE)

_____ DIRECT PAYMENT PLAN (ELECTRONIC FUNDS TRANSFER) (ENCLOSE COMPLETED FORM)

_____ 100% PAID JULY 20, _____

_____ MONTHLY PAYMENT PAID TO BUSINESS OFFICE DUE ON THE 20TH OF EACH MONTH JULY-APRIL

DATE	BILLING NAME	PARENT SOCIAL SECURITY NUMBER
BILLING STREET ADDRESS	CITY	BILLING EMAIL ADDRESS
STATE	ZIP CODE	
HOME TELEPHONE	OFFICE TELEPHONE	CELL PHONE

SIGNATURE OF PARENT OR GUARDIAN WHO IS FINANCIALLY RESPONSIBLE FOR STUDENT(S)

FOR OFFICE USE ONLY	
REGISTRATION FEE PAID? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
CHECK NUMBER _____	
ACCEPTED BY (GEORGE COTTAGE OFFICIAL) _____	
DATE _____	