



*New Student Application Form*

**PLEASE PRINT LEGIBLY**

Program: \_\_\_\_\_ Studio: \_\_\_ Ballard \_\_\_ Greenwood \_\_\_ Woodland Park UMC\*

School Year: \_\_\_\_\_ School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

\*Open to new K and 1 grade applicants only

**STUDENT AND FAMILY INFORMATION**

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Student's Birthday: \_\_\_\_\_

1<sup>st</sup> Parent/Legal Guardian (First Emergency Contact): \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian or Caregiver (Second Emergency Contact): \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**HELP US GET TO KNOW YOU & YOUR STUDENT**

1. How did you hear about ILS? \_\_\_\_\_

2. Why are you interested in our cultural, performing and fine arts classes for your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Was your child enrolled in a preschool program prior to attending Kindergarten? \_\_\_Yes \_\_\_No

4. Does your child currently or have they participated in any of the following classes in the past at school or another business?

check any that apply: \_\_\_Art Classes \_\_\_Coding \_\_\_Gymnastics \_\_\_Martial Arts \_\_\_Sewing \_\_\_Yoga

\_\_\_ Dance (which styles?): \_\_\_\_\_ \_\_\_ Music (which instruments?): \_\_\_\_\_

\_\_\_ Sports (which sports?): \_\_\_\_\_ \_\_\_ Other: \_\_\_\_\_

5. Would you be interested in a free evaluation for your student in any of the following? \_\_\_ Music \_\_\_ Voice \_\_\_ Art
6. What is most important to you when considering an afternoon enrichment program? (Rate order of importance from 1-7, 1 being most important)
- \_\_\_ A safe environment with caring staff \_\_\_ ILS's Specialty Arts programs (music, dance, drama, fine art, voice)
- \_\_\_ Performances \_\_\_ Community Involvement \_\_\_ Free time \_\_\_ Homework time (when applicable)
- \_\_\_ Physical Activity/Outdoors \_\_\_ Other: \_\_\_\_\_
7. Do you have any interest in volunteering your time at events or in after school on occasion? \_\_\_ Yes \_\_\_ No
8. Does the student have any special physical, behavioral, learning and/or other needs our staff should be aware of?
- Please describe: \_\_\_\_\_

**Payment and Cancellation Policy (Non-Negotiable)**

- I understand there is a one-time, non-refundable processing fee of \$35 and for After School students a non-refundable annual registration fee of \$100.
- I accept full responsibility for payment of sessions and classes enrolled in. Monthly payments are charged on the 1<sup>st</sup> day of the month.
- I consent to ILS keeping my signature on file to initiate a debit or credit card transaction on an ongoing basis in the amount due for monthly payments and fees.
- I accept a \$40 fee for any rejected debit from your financial institution and any late or no-show fees per our policy.
- I accept that payments will continue until I notify ILS otherwise in writing and understand and agree to the following policy:
  - Withdrawal policy. You may withdraw your child at any time with written notice, however ILS requires a minimum of 10-days' notice prior to the next billing date to forgo a penalty of \$125 for early withdrawal requests (no exceptions). Partial refunds are not given for students who are withdrawn part-way through a month, for which payment has already been received. Payments will not be refunded.

**Medical Consent** I hereby consent to allow ILS to seek emergency medical treatment, including ambulatory transport if required, for the student named on this registration. I authorize first aid care as necessary to preserve the life, limb and well being of my child.

**Removal from Program due to Behavioral Issues** I understand that ILS has a Zero Tolerance Policy for bullying and children who do not comply may be asked to leave immediately without refund if behavior cannot be reasonably corrected.

**Photo Release Agreement** I understand that from time to time Illumination Learning Studio takes photos of students engaged in its programs for use on their social media or on their website. While photos are used exclusively without identifying student's name or other personal image, I understand that I may request any photo to be taken down.

**By Signing Below, I agree I have read, understand and agree to** the Payment and Cancellation Policy, the Medical Consent, Behavioral and Photo Release statements above. In addition, I have received and understand the terms and conditions Parent Handbook Studio Policies.

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*(Signature of Parent/Guardian)*

*(Printed Name)*

*(Date)*



## Recurring Payment Authorization Form

Illumination Learning Studio charges for its classes and programs on a monthly, recurring basis. Payments are processed on the first day of each month. You may withdraw your child at any time with written notice, however ILS requires a minimum of ten days notice prior to the next billing date to forgo the penalty. The penalty fee is \$125 for withdrawal requests made within 10 days of the next billing date. Partial refunds are not given for students who are withdrawn part-way through a month, for which has already been paid. Payments will not be refunded.

### Authorization

You hereby authorize recurring monthly charges to your debit or credit card, checking or savings account for monthly payments or fees incurred. A receipt for each payment will be emailed. You agree that no reminders or prior notification will be given unless the date or payment amounts change. There is a \$40 fee for any rejected payments from your bank at the time of processing. You agree that a late pick-up fee (\$25 per 10 minutes late) and no-notice absence fee (\$25 first occurrence, \$50 each occurrence thereafter) will be charged at the time of incidence.

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### Please complete the information below:

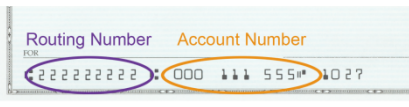
I, \_\_\_\_\_, authorize Piper Arts & Learning, **Illumination Learning Studio** to charge my credit card, debit, or ACH Checking or Savings for the amount indicated below, on the 1<sup>st</sup> day of each month, for the payment for my child to participate in classes and programs.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

#### Checking/Savings Account

Checking	Savings
Name on Acct _____	_____
Bank Name _____	_____
Bank Routing # _____	_____
Account Number _____	_____
Bank City/State _____	_____



#### Credit Card/Debit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	_____
Account Number _____	_____
Exp. Date _____	_____
CVV (3/4 digit number on back of card) _____	_____

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Illumination Learning Studio in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date.