



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: _____

1st Parent/Legal Guardian (First Emergency Contact): _____

Relation to Child: _____ Cell Phone: _____ Email: _____

2nd 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 \$125 for the 2024-25 school year.
- I accept full responsibility for payment of sessions and classes enrolled in. Monthly payments are charged on the 1st 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.

 (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.

Please complete the information below:

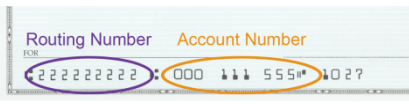
I, _____, authorize Piper Arts & Learning, **Illumination Learning Studio** to charge my credit card, debit, or ACH Checking or Savings for the amount indicated below, on the 1st day of each month, for the payment for my child to participate in classes and programs.

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.