

PROGRAM NUMBER REQUESTED: _____

Please check the campus that you are applying for: West Bloomfield Troy Rochester Hills Livonia

Full Name of Student (AS IT SHOULD APPEAR ON SCHOOL RECORDS) Boy Girl Mo. _____ Day _____ Year _____
Date of Birth

Home Address _____ City _____ State _____ Zip _____

() - Home Phone _____ School now attending _____ Age in October _____

Residence located in _____ school district. Last grade completed _____

_____ Nickname or Name Preference

APPLICANT'S SIBLINGS:

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

PARENT INFORMATION:

MOTHER'S NAME (Ms., Mrs. or Dr. PLEASE CIRCLE) _____ Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Employer _____ Employer Address _____

Business Phone _____ Cell _____ Pager _____ E-mail address _____

FATHER'S NAME (Mr. or Dr. PLEASE CIRCLE) _____ Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Employer _____ Employer Address _____

Business Phone _____ Cell _____ Pager _____ E-mail address _____

Academic reports should be sent to Student's Home Father Mother

Billing should be sent to Student's Home Father Mother

Will your child require a daily afternoon nap (approx. 12:30 - 2:30 p.m.)? Yes No

TUITION PAYMENT PLANS: Please select one

PAYMENT PLAN A Tuition Paid in Full (TRP optional) prior to May 1, 2014. This plan includes a discount for early payment. (If you have chosen Payment Plan A you will receive a reminder for the payment due prior to April 15, 2014).
TRP: YES NO

PAYMENT PLAN B Four payments due June 1, 2014; Aug 1, 2014; Oct 1, 2014; Jan 1, 2015 (TRP Required)

PAYMENT PLAN C Nine payments due June 1, 2014 – Feb 1, 2015 (TRP Required) (Minimal service charge)

FOR OFFICE USE	Check #	Amount \$
	Date	Program #
		Tuition \$

EMERGENCY INFORMATION

If parent cannot be reached in case of illness, notify:

NAME

PHONE RELATIONSHIP

NAME

PHONE RELATIONSHIP

PHYSICIAN PHONE

ADDRESS

DENTIST PHONE

ADDRESS

ENROLLMENT TERMS

We, the undersigned, in consideration of the placement of the above-named child by Brookfield Academy for the 2014/2015 school year, jointly and individually, agree to the terms and conditions specified in this agreement, including the payment of applicable tuition and fees.

We understand Brookfield Academy will hold a place for the student in the appropriate program as determined by the principal pending the receipt of this agreement signed by us along with a tuition deposit of \$500. We also understand that this tuition deposit will be credited towards tuition, and that this deposit is non-refundable unless the school cannot enroll our child during this school year, whereupon it will retain \$150.00 as a registration processing fee and return the remainder to us. Brookfield Academy may elect to return the remainder in other circumstances which it deems, in its sole discretion, unusual or exceptional such that the same is warranted. Further, we understand that this deposit is not transferable to siblings, camp, or other financial obligations to Brookfield Academy.

We understand that Brookfield Academy, its parents and affiliates have annual financial obligations, and that by signing below we agree to be obligated for tuition for the full school year. If our child withdraws from the program for any reason or is dismissed from the program for cause, we shall continue to be responsible for tuition for the full school year. Our participation in a Tuition Refund Program (TRP) may provide some protection from this obligation, as further described in this enrollment package. We further understand and agree that our participation in any extended payment plan does not constitute a fractional contract and will not modify our contractual obligation for the payment of the tuition for the full school year. The only exception to the foregoing shall be situations where the withdrawal or dismissal occurs between the date that the first payment is due and the first day of school. In this case, we will be responsible for 10% of the full tuition or \$500.00, whichever is greater.

The period of enrollment shall be for the entire school year or, in the case of a student entering after the school year has begun, from the date of admission to the last day of the school year.

No student shall be permitted to attend the Academy if his or her financial responsibilities are not fully satisfied and current.

Should Brookfield Academy, at any time, determine that it is not in the best interest of the student, or any fellow students, or of the Academy, for the student to continue in attendance, Brookfield Academy may suspend, require the withdrawal of, or dismiss the student.

MEDICAL TREATMENT AUTHORIZATION

I hereby designate and consent that Brookfield Academy, or any agent acting on its behalf, be authorized for purposes of exercising powers concerning the care, custody, and medical treatment that may be necessary for the above-named child during a period when I cannot be contacted by phone.

This agreement shall be signed by parents, legal guardian(s) or person financially responsible for the student. Students are not enrolled and this agreement is not binding until signed and accepted by Brookfield Academy. We further understand that if the Academy is unable to enroll our child, the tuition deposit is refundable, except for the \$150 registration/processing fee.

We have read the above terms and conditions and fully understand and agree to abide by all the conditions and terms to this agreement.

This agreement shall be interpreted according to the laws of the State of Michigan.

ACCEPTED:

Brookfield Academy Registrar Date

ACCEPTED:

Signature of both Parents, Legal Guardian(s) or Person Financially responsible for student Date

PLEASE SIGN AND RETURN THIS ENROLLMENT AGREEMENT TO THE SCHOOL OFFICE Upon acceptance, a copy will be returned to parents or guardian(s).



A BRIGHT HORIZONS MONTESSORI SCHOOL

West Bloomfield Campus
2965 Walnut Lake Road
West Bloomfield, MI 48323

Troy Campus
3950 Livernois Road
Troy, MI 48083

Rochester Hills Campus
1263 S. Adams Road
Rochester Hills, MI 48309

Livonia Campus
38945 Ann Arbor Road
Livonia, MI 48150