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## INFANT ENROLLMENT CONTRACT

Enrollment Date: \_\_\_\_\_

### CHILD & FAMILY INFORMATION

|                            |                            |
|----------------------------|----------------------------|
| Child's Full Name: _____   | Birthdate: _____           |
| Parent/Guardian 1: _____   | Parent/Guardian 2: _____   |
| Address: _____             | City/State/ZIP: _____      |
| Cell Phone: _____          | Cell Phone: _____          |
| Email: _____               | Email: _____               |
| Employer/Work Phone: _____ | Employer/Work Phone: _____ |

### ENROLLMENT DETAILS

|                                                |                         |
|------------------------------------------------|-------------------------|
| Requested Start Date: _____                    | Approx. Drop-Off: _____ |
| Classroom: Infant                              | Approx. Pick-Up: _____  |
| Tuition Schedule: Weekly / Bi-Weekly / Monthly | Tuition Amount: _____   |

**Enrollment Deposit:** \_\_\_\_\_ **Registration Fee:** \_\_\_\_\_ **Total Due:** \_\_\_\_\_

**Infant Deposit:** Because infant spaces are limited, the infant enrollment deposit is non-refundable except as otherwise stated in the Enrollment Agreement or required by law.

**Payment:** Cash \_\_\_ Check \_\_\_ ACH/Electronic \_\_\_ Other \_\_\_ Reference No.: \_\_\_\_\_

### HANDBOOK ACKNOWLEDGMENT

I acknowledge receipt of the current Outer Banks Academy Parent Handbook and agree to comply with Academy policies. This form does not replace the signed Enrollment Agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Outer Banks Academy Representative

\_\_\_\_\_  
Date