



# AFTERSCHOOL STUDENT ENROLLMENT FORM 2023-24

To be paid & submitted prior to the first day of activities

My child is registered at \_\_\_\_\_ school in grade \_\_\_\_\_.  
School contact name is \_\_\_\_\_ and number is \_\_\_\_\_.

## Student Details

Surname \_\_\_\_\_ First names \_\_\_\_\_  
Date of Birth (month/day/year) \_\_\_\_\_ Nationality \_\_\_\_\_  
First Language \_\_\_\_\_ Other Languages \_\_\_\_\_  
Number of siblings \_\_\_\_\_ Passport Number \_\_\_\_\_

## Parent Details

Father's name (Surname/First names) \_\_\_\_\_ Mother's (Surname/First names) \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Employer's Name \_\_\_\_\_  
Position \_\_\_\_\_ Position \_\_\_\_\_  
Work Tel # \_\_\_\_\_ Work Tel # \_\_\_\_\_  
Home Tel # \_\_\_\_\_ Home Tel # \_\_\_\_\_  
Passport Number \_\_\_\_\_ Passport Number \_\_\_\_\_  
Married Divorced Separated Single  
Name of parent/guardian with custody of child (Attach court order) \_\_\_\_\_  
Email addresses for all school correspondence (At least one) \_\_\_\_\_  
WhatsApp Telephone numbers to add to FLA Family Group \_\_\_\_\_  
Home address with reference \_\_\_\_\_

## Alternative/Emergency Contact(s)

In the event that the school is unable to contact you in an emergency, please provide alternative contacts.

Contact name \_\_\_\_\_ Contact name \_\_\_\_\_  
Tel Number \_\_\_\_\_ Tel Number \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

## Learning disabilities

Does your child have any specific learning difficulties, conditions or educational needs? (eg. Dyslexia, ADHD, ODD, OCD)

No Yes

If yes, please provide additional information and attach the reports.

## Medical Information

*Family History, known allergies, previous illnesses, physical or learning difficulties, including any relevant information on past or present medical treatment including therapy, occupational or psychological should be attached hereto.*

How did you hear about F.L.A? Friends/Family Website Advertisement Other \_\_\_\_\_



### MY PAYMENT CONTRACT

PAYMENTS DUE PRIOR TO CHILD'S ENTRANCE- Circle your selected options based on availability on the timetable.

#### PRESCHOOL MANDATORY ACTIVITY UNIFORM OPTIONS (Ages 2-5)

Swim Suit <input type="checkbox"/> (Includes 1 swimming suit - 1 goggle)	Karate <input type="checkbox"/> Kimono (Includes 1 top, 1 pants, & 1 belt)	Dance/ Soccer <input type="checkbox"/> (2 t-shirts & 2 shorts)	Art Apron <input type="checkbox"/> (1 piece)	Sub Total for uniforms &/or snacks	1 <sup>st</sup> Payment - \$100/hour per month	Monthly Payment Due
\$40	\$50	\$80	\$15	\$	\$	\$

#### PRIMARY MANDATORY ACTIVITY UNIFORM OPTIONS (Ages 6-12)

Karate Kimono <input type="checkbox"/> (Includes 1 top, 1 pant, & 1 belt)	Swim Suit <input type="checkbox"/> (1 swimming suit & 1 goggle)	Dance/ Soccer <input type="checkbox"/> (2 t-shirts & 2 shorts)	Art Apron <input type="checkbox"/> (1 piece)	Sub Total for uniforms &/or snacks	1 <sup>st</sup> Payment - \$100/hour per month	Monthly Payment Due
\$60	\$50	\$80	\$15	\$		

1<sup>st</sup> Payments= Uniforms + Fees = \$ \_\_\_\_\_

Monthly Payments = \$100/hour per month = \$ \_\_\_\_\_

*All Payments are due the first 5 days of each month.*

I understand that all fees paid are Non-Refundable. All payments must be deposited directly into FLA's bank account. Post-dated cheques will not be accepted. It is the parents' responsibility to always obtain a receipt upon payments, whether it is from the office or the bank. The responsibility will be that of the parents, in case a proof of payment should ever be requested from FLA.

EQUITY BCDC BANK: <b>Future Leaders Academy</b> ACCOUNT #: <b>0 50144 5521 20046</b> SWIFT CODE: <b>PRCBCDKI</b>	RAWBANK: <b>Future Leaders Academy</b> ACCOUNT #: <b>05100 45101 01033109701 79</b> SWIFT CODE: <b>RAWBCDKI</b>
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I understand that if I decide to change my payment option to another option, after my signed Payment Contract, penalty fees will be applicable. I also understand that If payments are not received within the first 5 academic days, penalty fees of 10% will apply the first week, and increase over the course of the month. I understand that the uniform payments must be paid in full to Future Leaders Academy, prior to the first day of my child attending. I understand that if payments are not received within 30 days, F.L.A has the right to automatically withdraw my child from his/her activities.

#### Agreement

I \_\_\_\_\_, understand that to complete my child's registration with F.L.A.  
(Parent's surname, first name)

photocopies of the following updated documents must be submitted and attached to the enrollment Form.

Birth Certificate

Updated Health/Vaccination Card

I have also read and understood the Parent Application Booklet 2023-24 in its entirety, and agree to abide by F.L. A's Rules & Regulations and Academic Calendar. I hereby declare that all the information given is true and accurate to the best of my knowledge. I have understood that for my child to participate in F.L.A.'s Afterschool program my payments will need to be submitted, as described, within the allotted times.

Parent Name \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_