

HORIZON COMPLEX 2011-2012 ENROLLMENT FORM

**Please let us know how you became aware of Horizon Complex.
We give a \$10 referral gift certificate to all students who refer their friends!**

Returning Student Referred by other student (Name _____)
 Newspaper Mailing Drive by Field trip
 Telephone book Birthday party Other _____

Student's **LAST** Name _____ Phone _____

Address _____ City _____ Zip _____

Email

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1st Child _____ Sex _____ Age _____ Date of birth ____/____/____ Level _____

Class Name _____ Day _____ Time _____ Date of 1st Class _____

2nd Child _____ Sex _____ Age _____ Date of birth ____/____/____ Level _____

Class Name _____ Day _____ Time _____ Date of 1st Class _____

3rd Child _____ Sex _____ Age _____ Date of birth ____/____/____ Level _____

Class Name _____ Day _____ Time _____ Date of 1st Class _____

School Name (for Horizon Student of the Month) _____ Allergies/Medications _____

Mother's name _____ Occupation _____

Work Phone _____ Cell Phone _____

I own my own business _____ Name/Type of Business _____

Father's name _____ Occupation _____

Work Phone _____ Cell Phone # _____

I own my own business _____ Name/Type of Business _____

Emergency Contact Name (Other than Parent) _____

Relationship _____ Phone # _____ Cell Phone _____

Address _____ City _____ Zip _____

OFFICE USE ONLY

Membership Fee Pd \$ _____ Date Paid: _____ Credit Card _____ Check# _____ Cash _____

1st Month Fee Pd \$ _____ Date Paid: _____ Credit Card _____ Check# _____ Cash _____

of weeks Paid _____ Paid in Full Amount: _____ Enrolled by (staff initials) _____ Date: _____

Entered in Jackrabbit By _____ Date: _____ Check by Crystal _____



H:\Office\Enrollment Folders\2008-2009\horizon enrollment-tuition form 2008-2009 word.doc

Tuition Details

A \$10 fee will be added to any payments received after the 20th of each Month. There will be a \$25 fee for all returned checks or insufficient funds.

AUTO PAY Electronic Funds Transfer _____ 2-Year Plan _____ Annual Plan _____ School Year Plan

Please Attach A Voided Check!

I authorize Horizon Gymnastics Club, Inc. to debit from my bank account each month on the 20th of each month the amount listed on the payment schedule. If the agreement can not be fulfilled, there is an \$85 fee for School or Annual members _____ (Initial) OR \$125 for 2-Year Members (see below for further information).

Annual members*: I understand that the class day and time may change in the summer and does require the \$85 cancellation fee if dropping. _____ (Initial)

2-Year members*: I understand if my child progresses to a higher level or older age group class and/or the length of class time increases that my tuition will increase to the current rate at the time of the change. I also understand if I cancel, it does require the \$125 cancellation fee for dropping. _____ (Initial)

Signature of Payee _____ Date ____/____/____

* This is an auto-renewal plan which means you will remain enrolled until you cancel with 30 day's written notice. Prices will automatically be adjusted each August

PAYMENT BOOK

*** Regular Monthly payment plan only ***

I will pay the tuition due to Horizon Gymnastics Club, Inc. that is due on the 20th of each month for the duration of this agreement; the first payment to commence on ____/____/____. I understand that my failure to pay by the 20th of each month will result in a \$10.00 late fee. Failure to pay the late tuition along with the late fee may result in the cancellation of my child's enrollment. A 30 day written cancellation notice is required to stop billing process of all ongoing members.

Signature of Payee _____ Date ____/____/____

PAID IN FULL (5% off total tuition) _____ 2-Year Plan _____ Annual Plan _____ School Year Plan

I understand that my Paid in Full tuition is non-refundable _____ (Initial), but may be used for other events, proshop, etc at Horizon Gymnastics Club, Inc.

2-Year members: I understand if my child progresses to a higher level or older age group class and/or the length of class time increases that I would owe the difference between what I had previously paid and the increase. . _____ (Initial)

Signature of Payee _____ Date ____/____/____

Agreement, Terms & Conditions

Revised 5/2009

- Failure to attend class does not signify or imply notification to cancel this agreement.
- Failure to attend class does not relieve the obligation to pay the remaining tuition balance in full.
- The undersigned assumes all responsibility for collection costs, attorney fees, and/or late charges incurred by default payments.
- School administrators may make any modifications in the class schedule as deemed necessary.
- The tuition cost for the program is based on each student's level, which varies per student.
- School administrators may close the school on national holidays, for the purpose of special events and a period not exceeding three weeks per year for necessary maintenance and other purposes without affecting scheduled tuition payments.
- School administrators and those acting under its authority reserve the right to use photographs, videotapes, artwork or other likenesses of the student for marketing, trade publishing or any other lawful purpose.
- Membership is non-cancelable and non-transferable except as stated herein.
- Level changes often result in a longer length of class resulting in a cost increase.
- Student's failure to attend scheduled lessons relieves the obligation of the school to provide lessons after the scheduled class date. **Make-up classes may be available, but are not guaranteed.** Advanced scheduling with the office is required for make-up classes.

Cancellation Procedure and Policy

- Regular payment plan member (Monthly) – Cancellation of enrollment requires written notification stating the date and reason for cancellation with a minimum of 30 days notice. Membership is not terminated with a cancellation of enrollment. Membership expires August 15th of each year.
- Annual, School Year and 2-Year payment plans are non-cancelable unless stated herein. School administrators may raise the tuition rate providing advance notice equal to the cancellation notice stated herein.
- Horizon Gymnastics Club, Inc. has the authority to terminate membership if the director, instructor or owner feels that it would be in the best interest of the child and Horizon Gymnastics Club, Inc. to no longer continue the instruction.

Consumer Privileges

- This agreement may be cancelled for any reason without penalty or further obligation within 3 business days from the date of this agreement. Cancellation be made in writing and mailed or delivered to Horizon Gymnastics Club, Inc. All money will be refunded within 30 days of receipt of the cancellation notice. After 3 business days, Horizon Gymnastics Club, Inc. may retain any expenses incurred from the refund.
- If the student becomes disabled for at least 6 months during the membership terms, you have a right to an extension of this agreement. A letter must be submitted to Horizon Gymnastics Club, Inc. from the student's physician explicitly stating medical conditions and the estimated time of absence.
- You may cancel this agreement if the student changes residence more than 25 miles from Horizon Gymnastics Club, Inc. Cancellation requires proof of permanent address, and phone number. Cancellation is effective the date of the move or upon official notification to Horizon Gymnastics Club, Inc. whichever is later. A residence investigation will be conducted.
- If a student becomes deceased, the agreement is cancelled without further obligation from amounts not then due or owing.
- There is a cancellation fee of \$85.00 Annual or School Year; or \$125.00 2-Year to release the member from future tuition obligation. This requires the appropriate **30 day cancellation** notification. If cancelled after the 30 days, tuition will not be refunded. The student may finish out the month for which tuition was taken.
- **NOTE: For Annual & 2-Year members: class day and time may change in the summer and/or at the beginning of new season and does require the cancellation fee if dropping. \$85.00 for Annual Membership and \$125.00 2-Year Memberships.**
- Horizon Gymnastics Club, Inc may refer an account to a collection agency or attorney for debt collection and or credit reporting at the expense of the member.

I have read the terms set forth on this agreement and acknowledge full responsibility to the terms and conditions stated herein as required for membership.

Signature of Parent/Legal Guardian X _____ Date ____/____/____