



Coast Episcopal School

2014-2015 Registration Contract

Early Childhood Toddler Program

Please register the following student(s) for the 2014-2015 school year:

NAME	BIRTHDATE	NAME	BIRTHDATE
(1) _____	_____	(2) _____	_____
(3) _____	_____	(4) _____	_____

Check your choice of schedule and circle your days:

Half Day (7:30 am – 11:30 am)

Monday/Wednesday/Friday

Tuesday/Thursday

Monday through Friday

Full Day (7:30 am – 3:00 pm)

Monday/Wednesday/Friday

Tuesday/Thursday

Monday through Friday

Name of parent(s): _____

Address: _____

City: _____

Phone: _____
(home) (work) (cell)

Email: _____ Email: _____

I am enclosing the **non-refundable registration fee** of \$250 which reserves a student's space at Coast Episcopal School's Early Childhood Toddler Program for each student. Subject to the school's acceptance of this Registration Agreement and the registration fees, we agree to support the policies of the school and to pay when due the required charges for tuition and fees.

Please know that your payment reserves your place and you are committing to a semester. Please note that no credits or refunds will be issued for any time that the school may be closed due to emergency or natural disaster.

Further, should an amount remain unpaid, it may be referred to an attorney at law for collection. I agree to pay any and all expenses that may be incurred (including, without limitation, reasonable attorney's fees, court costs, and other expenses of litigation arising therefrom) in collecting said amount.

Signature: _____ Date: _____

Relationship to student(s): _____