



**We Combine the Joy of Learning With  
Fun and Enjoyment To Succeed!**

**ENROLLMENT AGREEMENT  
2018-2019**

NAME OF STUDENT \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
(LAST) (FIRST)

ADDRESS: \_\_\_\_\_  
(TOWN) (STATE) (ZIP CODE)

DATE OF BIRTH: \_\_\_ / \_\_\_ / \_\_\_

CLASS & TIME DESIRED: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES OR SPECIAL NEEDS? \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL NO. \_\_\_\_\_

BUSINESS FIRM \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL NO. \_\_\_\_\_

BUSINESS FIRM \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BROTHER'S/SISTERS (NAMES & AGES) \_\_\_\_\_

MARITAL STATUS OF PARENTS: MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_ SINGLE \_\_\_

RECOMMENDED BY: \_\_\_\_\_ or: WEB SITE \_\_\_\_\_

ALUMNI \_\_\_ FRIEND \_\_\_ OTHER \_\_\_\_\_

ALL CHILDREN ELIGIBLE FOR OUR SKATING PROGRAM WILL RECEIVE A NEW PAIR OF SKATES AS PART OF THEIR TUITION.

TRANSPORTATION IN CASE OF EMERGENCY: IN THE UNLIKELY EVENT OF AN EMERGENCY, THE RINX PRESCHOOL ACADEMY WILL CONTACT 911 AND YOUR CHILD WILL BE TRANSPORTED WITH A STAFF MEMBER TO THE CLOSEST HOSPITAL AND YOU WILL BE CONTACTED WITH THE LOCATION AND STATUS OF YOUR CHILD.

IT IS UNDERSTOOD THAT THERE WILL BE NO MAKE-UP DAYS AND NO REFUNDS WILL BE MADE FOR SCHOOL CLOSINGS, ABSENCES, OR WITHDRAWALS. IF YOUR CHILD IS WITHDRAWN FOR ANY REASON, PAYMENT IS EXPECTED FOR THE ENTIRE MONTH WITHDRAWN. THE RINX PRESCHOOL RESERVES THE RIGHT TO CANCEL THE ENROLLMENT AT THE END OF THE MONTH IF TUITION FOR THAT MONTH HAS NOT BEEN RECEIVED (SEE TUITION PAYMENT FORM). THE RINX PRESCHOOL RESERVES THE RIGHT TO TERMINATE THIS AGREEMENT, AT ANY TIME, FOR ANY OTHER REASON AND WILL REFUND THE TUITION PRO-RATA.

I AGREE TO THE ENROLLMENT OF MY CHILD AND I UNDERSTAND THAT NEITHER THE TOWN OF ISLIP, THE RINX PRESCHOOL OR H.P.P. RINX, INC D/B/A THE RINX, AND THEIR AFFILIATES, OWNER OR ANYONE ASSOCIATED WITH THE RINX WILL ASSUME RESPONSIBILITY FOR ACCIDENTS AND MEDICAL/DENTAL EXPENSES INCURRED AS A RESULT OF PARTICIPATION IN THIS PROGRAM. THE APPLICANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN ANY VIGOROUS PHYSICAL ACTIVITY. IN THE EVENT THAT YOU OR YOUR FAMILY PHYSICIAN CANNOT BE CONTACTED IN AN EMERGENCY, YOU HEREBY GRANT PERMISSION FOR THE RINX OR ANYONE OF THEIR PERSONNEL TO BRING YOUR CHILD TO THE NEAREST HOSPITAL EMERGENCY ROOM AND TO PROVIDE ANY IMMEDIATE CARE AS THEY DEEM NECESSARY.

PERMISSION IS HEREBY GRANTED FOR PHOTOGRAPHY AND VIDEOS TO BE TAKEN OF MY CHILD DURING SCHOOL ACTIVITIES. HPP RINX HAS THE RIGHT TO UTILIZE THESE MATERIALS IN COMPANY BROCHURES, VIDEO'S, SOCIAL MEDIA, WEB SITE OR FOR OTHER PROMOTIONAL PURPOSES.

I HAVE READ AND AGREE TO THE ABOVE: \_\_\_\_\_  
PARENT SIGNATURE DATE