



Fearfully & Wonderfully Made Academy Student Enrollment Application

Date of Application: _____

Please share some information about the student.

Name: _____ Grade: _____

Birthday: _____ Age: _____

Home Address: _____

E-mail Address: _____ Phone number: _____

Does your child have any allergies? If so, please explain.

Does your child have any known learning struggles or other diagnoses that affect his or her ability to learn successfully? If yes, please explain.

Please share some information about the parents and/or guardians.

Parent/Guardian 1:

Name: _____ Relationship to student: _____

Home Address: _____

E-mail Address: _____ Phone number: _____

Employer: _____ Work Phone number: _____

Parent/Guardian 2:

Name: _____ Relationship to student: _____

Home Address: _____

E-mail Address: _____ Phone number: _____

Employer: _____ Work Phone number: _____

Other Authorized Adult:

Name: _____ Relationship to student: _____

Home Address: _____

E-mail Address: _____ Phone number: _____

Employer: _____ Work Phone number: _____

Please share more details regarding your child's registration.

In which program are you enrolling your child(ren)?

Group Tutoring

Lower Elementary: Math (Tuesday 3:20-4:05) ELA (Thursdays 3:20-4:05)

Upper Elementary: Math (Tuesday 3:20-4:05) ELA (Thursdays 3:20-4:05)

Middle School: Math (Tuesday 4:10-4:55) ELA (Thursdays 4:10-4:55)

Private Tutoring (Contact the office to schedule these sessions)

Please select a payment option.

Pay for the year in full by August 15, 2023 for a 10% discount.

Pay on the 15th of each month (September-May) beginning September 15, 2023.

To what email should the invoices be sent? _____

Please read the following statements and initial each one. Initialing these statements shows that you are in agreement with our procedures and policies.

I agree to drop off and pick up my child/teen on time each day to avoid disrupting the schedules of other sessions. (no more than 5 minutes before drop off and no more than 5 minutes after pick up)

I agree to abide by the selected payment plan and to pay on time each month as stated in the previous section of this form.

I understand that for the safety of my child/teen and the other children/teens in attendance, I will not be allowed to enter the classroom area. When dropping off and picking up, I will wait in the lobby.

In the very unlikely event of an accident or injury, I understand that Fearfully & Wonderfully Made will not be held liable for any incidents that may occur.

Please only initial the option that is appropriate for your family.

I give my permission for Fearfully & Wonderfully Made to utilize pictures of my child on the organization's Facebook page, website, and marketing materials.

I do not want my child's picture to be posted on any social media, websites, or marketing materials. If a group picture is posted, my child's face needs to be covered.

Parent Signature

Date