



Serendipity Learning Center

"More Than an Education"

Please return a signed Registration Form for each student along with the enrollment fee.

Annual Enrollment Fee = \$100

Materials Fee = \$100 (Bi-Annual)

## Upper Division Registration

Date of Application: \_\_\_\_\_

Applying to Grade \_\_\_\_\_ for Academic School Year \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student is called: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_

Has this student previously attended Serendipity Learning Center? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

### Family Profile

With whom does the student live: \_\_\_\_\_

Are parents separated or divorced? \_\_\_\_\_ If so, who has legal custody? \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cellphone ( ) \_\_\_\_\_ Cellphone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

### Mother's Place of Employment

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

### Father's Place of Employment

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Siblings/Ages** \_\_\_\_\_

### Photo Release:

I give my permission to Serendipity Learning Center to place photographs or videos of my child learning for the following purposes:

\_\_\_\_\_ Electronic Daily Reports \_\_\_\_\_ SLC Bulletin Boards \_\_\_\_\_ SLC Website \_\_\_\_\_ SLC Social Media Platforms

**Emergency Contacts:** Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

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Name	Address	Work#	Main#	Relationship
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Name	Address	Work#	Main#	Relationship
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**Medical Information:**

I hereby grant permission for the staff of Serendipity Learning Center to contact the following medical personnel to obtain emergency medical care if warranted and *I am unavailable*.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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**Academic Information (If applicable)**

**Name of last school attended:**

City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Has your child ever repeated a grade? \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Has your child ever skipped a grade? \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Has your child been suspended or asked to withdraw from any school for any reason? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child require any accommodations to participate in our educational program? Yes / No

If yes, please state any required accommodations: \_\_\_\_\_

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**\*CREDIT CARD AUTHORIZATION REQUIREMENT:** *Serendipity* requires a valid credit card on file for overdue tuition only. (overdue invoice past 48 hours with mandatory late fee of \$35.00 included). Parents must understand that this credit card will be charged if a payment is more than 48 hours late and that this is a \*requirement of enrollment at *Serendipity Learning Center*.

\*If unable to provide a valid credit card, a deposit equivalent to a FULL weeks tuition will be required at enrollment. This deposit can be used for the child's last week of child care services, with two weeks written prior notice, or for any unpaid tuition or late fees.

**PARENT – PROVIDER MUTUAL AGREEMENT FORM:**

The following is an agreement between parent/guardian and *Serendipity Learning Center*. This agreement will be reviewed each year and is subject to change.

**Payment options are as follows:**

1. ACH - Automated Clearing House (ACH) withdrawal Friday the preceding week of attendance, or Monthly between the 1st and 3rd of the month.
2. Credit Card Payments; add 3.5%
3. Drop a check in the box in the lobby. This allows you to drop the check when you want to drop it, however, *a late fee of \$15.00 is due if tuition is not received by Tuesday at closing time of the enrolled*

*week, and an additional \$20 is due if tuition is not received by Thursday at close. Attendance will not be granted on the following Monday without payment in full (including late fees). Serendipity has the right to withdraw students for nonpayment.*

**Late pick up fee: \$2/minute** after 6:00 p.m.; Children scheduled for school day only will be charged a late pick up fee of \$10/hour, charged to the minute.

**Returned Check/ACH Fee: \$35**

**Parent Co-Pay Fee:** There will be a \$5 fee added per month to all accounts that require more than one payer on the account. Each payer requires their own account, the fee will apply to each payer. To avoid this fee simply have one form of payment on the account.

**Please Initial the following:**

\_\_\_\_\_ I understand that Serendipity does not discount days that my child is absent. Upper Division is calculated as an annual rate taking into account all holidays; Weekly/Monthly payments are set up for your convenience.

\_\_\_\_\_ I understand that when there is no school, there may be camp days available which are an additional charge.

\_\_\_\_\_ RECEIPT OF PARENT HANDBOOK (located in the parent portal - an email will be sent to grant access) This is to verify that I have read the *Serendipity Learning Center* Parent Handbook and Handouts. I agree to comply with the policies outlined in the Parent Handbook.

\_\_\_\_\_ I understand that Serendipity has a uniform dress code and my child will dress accordingly.

\_\_\_\_\_ I understand that my child must remain in good academic standings, and must adhere to the Code of Conduct to be invited back each year.

**TERMINATION PROCEDURE**

Parents can terminate this agreement with at *least a two-week notice in writing*. The parent remains responsible for tuition due through the last 2 weeks of enrollment whether or not the child attends.

*Serendipity Learning Center* has the right to suspend or terminate the attendance of any student for reasons set forth in the Parent Handbook, for reasons that the school administration considers detrimental to the school community, student, or to other students of the Facility, or for non-payment.

**We, as parents/guardians, have discussed and read this agreement and agree to all of the above.**

_____	_____
Signature of Parent/Guardian	Date

_____	_____
Signature of Parent/Guardian (Optional)	Date

_____	_____
Signature of Owner/Director	Date

*Serendipity Learning Center does not discriminate on the basis of race, color, religion, gender, national or ethnic origin.*

"Combining Innovative Teaching Methods with Old Fashioned Values"

Serendipity Learning Center : 410 Ridge Road, Fern Park, FL 32730  
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