

**Admissions Agreement**

*Please write your initials next to each policy to indicate you have read and understood them.*

**Payment Policy:**

Payment is based on a monthly schedule and are due on the first day of the month . Payments after the 5th will be considered late and will be charged a \$20.00 late fee. There will be a \$20.00 surcharge for all returned checks.

**Initial:**

**Holidays/Illness/Vacations:**

There are no fee deductions for holidays, illness, or vacations.

**Initial:**

**Refund/Withdrawal/Transfer Policy:**

All tuition and registration fees are non-refundable. Deposit is mandatory to hold a space. When there is no deposit on file, a new registration must be completed with the registration fee. A withdrawal notice is required two weeks in advance before the withdrawal date to be in effect. E-Plex DB offers no refunds under any circumstances, only credit.

**Initial:**

**Cancellation and Make-Up:**

There is no make-up or reduction in tuition for any missed lessons. Private lessons require a 24-hour advance notice to reschedule (only one make-up lesson allowed per 3 months). We value the time spent on teaching and this is to ensure that we facilitate mutual respect for each other's time.

**Initial:**

**Parking Lot Safety Regulations:**

All vehicles must be parked in the designated lot for pick ups and drop offs. Vehicles not in compliance with regulations will be towed by building management. "E-PLEX DB" is not responsible for any fees pertaining to towing violations. "E-PLEX DB" is not responsible for theft or damage to vehicles or its contents.

**Initial:**

**Advertising Content:**

I hereby, give my content to "E-PLEX DB" to use photographs/video of my child for commercial purposes.

**Initial:**

**Specification:**

I understand that "E-PLEX DB" is a private educational institution and is not under the jurisdiction of Community Care Licensing Department.

**Initial:**

**Liability Release:**

I understand that the activities offered at "E-PLEX DB" involve physical activity that may result in injury. I hereby release and agree to indemnify "E-PLEX DB" and any of its shareholders, directors, employees, volunteers, contractors, or agents for any and all liability from accident or injury incurred while my child participates in any of the programs offered, whether these programs occur inside or outside of "E-PLEX DB." In addition, I give my permission for "E-PLEX DB" to seek necessary medical aid for my child in case of an emergency. I agree to accept financial responsibilities for any cost incurred in the treatment of any injury or accident of my child enrolled to "E-PLEX DB."

**Initial:**

**Assumptions of Risks and Waiver of Liability Relating to COVID-19:**

Please see details on the next page. By signing your initial, you are acknowledging that you have read, understood, and agree to abide by all of the policies and conditions.

**Initial:**

**Student's Full Name:**

**Parent/Guardian Signature:**

Date:

**E-PLEX DB Director Signature:**

Date: