



## Enrollment Acceptance and Confirmation

*Infinite Edge Learning Center does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age, or disability in admission or access to, or treatment or employment in its programs and activities.*

Please initial each of the following statements:

\_\_\_\_\_ I understand that I am enrolling my child with Infinite Edge Learning Center with attendance requirements that he/she is expected to meet based upon the contracted units of academic support.

\_\_\_\_\_ I understand that Infinite Edge Learning Center enrollment includes participation in a required periodic assessment program.

\_\_\_\_\_ I expect my child to have guidance and support from Infinite Edge Learning Center's professional Instructors through the implementation of his or her individualized learning program.

\_\_\_\_\_ I understand that it is my responsibility to provide transportation to and from Infinite Edge Learning Center.

\_\_\_\_\_ I have read and understand Infinite Edge Learning Center Policies and Guidelines, Payment Options, and Agreed Unit of Support.

\_\_\_\_\_ I understand there is a one-time nonrefundable enrollment fee of \$25.

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## NOTICE OF POLICY CHANGE: Exchanging personal contact information with center instructors

Dear Parents:

Please be informed of our new policy concerning exchanging personal contact information with our instructors and receiving tutoring sessions with our instructors outside of the IEL Center.

Please be advised that you are not to share your personal contact with center instructors. All contact with our teachers and staff members must be made through our front office.

All tutoring sessions must take place at the IEL Center.

Our staff will be happy to answer any further questions regarding these policies.

Acknowledgment of Receipt:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



17419 Bridge Hill Court, Tampa, Florida 33647 ● Phone: 813-971-6500

---

## NOTICE OF POLICY: No Shows and session cancellation

Dear Parents:

Please be informed of our new policies concerning not showing up for your scheduled appointments and tutoring session cancellations.

If you are unable to attend your tutoring session, please call the office to cancel at least 24-hours prior to your scheduled appointment time. If you do not reach Mrs. Jabbari, please leave a message on the Center answering machine.

If the Center has not been notified, you will be charged the entire hour if you do not “show up” for your tutoring session.

Our staff will be happy to answer any further questions regarding these policies.

Acknowledgment of Receipt:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



17419 Bridge Hill Court, Tampa, Florida 33647 ● Phone: 813-971-6500

---

## NOTICE OF POLICY: Payment Deadlines

Dear Parents:

Please be informed of our new policy concerning monthly payment deadlines.

Payments must be made by the 1<sup>st</sup> of the each month. For example, if your child is tutored during the month of January, your bill must be paid in full by January 1<sup>st</sup>.

If your bill has not been paid in full by the 7<sup>th</sup> day of the month, a late fee of \$40 will be charged to your account.

Our staff will be happy to answer any further questions regarding these policies.

Acknowledgment of Receipt:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## Enrollment Application

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Grade Level: \_\_\_\_\_ Name of School: \_\_\_\_\_ School Type: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

Work Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

Work Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_