



2020 Fall Clubs Application

Family Name: _____ **Home Phone:** _____
Parent 1 First Name: _____ **Cell Phone 1:** _____
Parent 2 First Name: _____ **Cell Phone 2:** _____
Email Address 1: _____
Email Address 2: _____
Home Address: _____

Child's Name: _____ **Date of Birth:** _____ **Shirt Size:** _____
Allergies: _____
Child Background: _____

Physician Name: _____ **Physician Phone:** _____
Physician Address: _____

Medical Insurance: _____

Dentist Name: _____ **Dentist Phone:** _____
Dentist Address: _____

Choose:

Virtual	In-Person
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Choose Your Programs:

3:00 PM - 4:00 PM	ART CLUB	SCIENCE CLUB	LEGO CLUB	TECH CLUB	COOKING CLUB
4:00 PM - 5:00 PM	TECH CLUB	LEGO CLUB	COOKING CLUB	SCIENCE CLUB	ART CLUB
5:00 PM - 6:00 PM	BOOK CLUB	MIND GAMES CLUB	KINDNESS CLUB	WRITING CLUB	STEM CLUB
6:00 PM - 7:00 PM	KINDNESS CLUB	WRITING CLUB	STEM CLUB	MIND GAMES CLUB	BOOK CLUB

Pick Your Package:

1 TIME 1 DAY - \$15	BASIC MONTHLY - \$110	PREMIUM MONTHLY - \$580
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Financial Responsibility - The client agrees to be responsible for payment of services provided by Team ELM. Fees of services are paid by the start of the program client is enrolled for. An account is considered overdue if not paid by the start of the program client is enrolled for unless other arrangements have been made with Team ELM. If payment is not made, a late payment fee of \$5.00 will be added to your account. If more than two weeks pass, the late payment fee will be raised by \$5.00 for every two weeks thereafter until paid. If client's balance exceeds \$1,000, Team ELM will run 50% of the balance. We reserve the right to suspend services until the balance is paid in full. When the outstanding balance is paid in full, services may be resumed at the discretion of Team ELM.

By signing below, you agree to be responsible as a surety to pay for any and all charges or fees for services Team ELM Childcare and Tutoring LLC provides to the client pursuant to this service agreement.

I understand if i have an unpaid balance to Team ELM Childcare and Tutoring LLC and do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of any fees from the collection agency, including all costs and expenses incurred collecting my account, and possibly including reasonable attorney's fees if so incurred during collection efforts. In order for Team ELM Childcare and Tutoring LLC or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that Team ELM Childcare and Tutoring LLC and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide, and (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device as applicable.

 Financially Responsible Party

 Signature

 Date