

PO Box 134, Round Rock, Texas 78680 friendsshineonline.com

Morning Program Enrollment Application

		Арр	licant Informatio	on			
Full Name:					Date:		
	Last	Firs	t	M.I.			
Address:							
	Street Address				Apartment/Unit #		
	City			State	ZIP Code		
Phone:		e-Mail Address					
Date of Birt	h:						
Emergency Contact:				Phone:			
	Last		First	M.I.			
		Parent/	Guardian Inform	ation			
Full Name:				Relationship:			
	Last	First		M.I.			
Address:							
	Street Address (I	Leave blank if same as above	e.)		Apartment/Unit #		
	City			State	ZIP Code		
Phone:			e-Mail Address				
				(Will be used for l	billing purposes)		

Enrollment Preference & Monthly Tuition Calculation

Please indicate below the day(s) you wish to enroll for the Friends Shine Online program by marking a \checkmark in the YES column. Add the tuition for all days you wish to enroll and place the total amount in the TOTAL column. All sessions will be broadcast from 9:00 a.m. to noon on Tuesdays, Wednesdays and Thursdays.

Invoices will be sent out monthly for each month's charges. Maximum class size is 20 participants.

DAYS	TUES	SDAYS AM		WEDNESDAYS AM			THURSDAYS AM			ADD
ATTENDING	YES	TUITION		YES	TUITION		YES	TUITION		TOTAL
MONTHLY TUITION		\$100.00	+		\$100.00	+		\$100.00	=	

Method of Payment

Invoices for tuition will be sent electronically to the email address you provide in your application. Payment is due on or before the first day of each month, in advance of services delivered (i.e. tuition for July would be due on or before July 1st. If you are unable to continue the program we request as much advance notice as possible that you will be leaving.

Late payments must be received by the 5th of the month to maintain continued enrollment in the program.

Invoices will provide options for secure, direct electronic payment with credit and debit cards or direct bank transfer. Checks may be sent to Friends Shine Online at PO Box 134, Round Rock, Texas 78680.

We are unable to refund tuition after your registration has been confirmed. However, if a scheduled session is cancelled due to unforeseen circumstances, all participants will receive a refund for their paid tuition, or the option of applying it to a different session. We appreciate your support.

Background Information

We strive to make everyone comfortable and at ease in the Friends Shine Online video conference environment. Please take a moment and share with us some key facts about the participant that will be attending our program so that we can make joining the group an easy transition and positive experience. Note that all information provided is confidential and will not be shared with any third party or other entity.

How will the participant communicate with the group? (Examples: verbally, gestures, signing, voice output device, etc.)

Are there special behaviors that we should be aware of?

What are some favorite things the participant likes to do or discuss? What is their passion?

Are there things the participant dislikes and would prefer to avoid talking about?

Who does the participant look up to and admire? This can be a fictitious character, i.e. Spiderman.

Finally, what else should we know about this special person that will be joining our community?

	Signature	
I wish to enro	oll : in t	the Friends Shine Online program.
Signature:((When completed digitally my typed name represents my lega	Date:al signature)