



Balance Program

Parent/Child Information (one form per child)

Student's Name _____
 Age ___ Grade 2020/2021 ___ School of Attendance _____
 Balance Location (check one) Arcadia Location: 3923 E Indian School Rd, Phoenix, AZ 85018 Phoenix Location: 15801 N. 32nd Street, Phoenix, AZ 85032
 School District _____ School Start Date _____

Virtual Learning provided by school

- Zoom Facetime School Website Textbook
 Worksheets Independent Reading Other _____

Computer Access

Platform	Log In	Password

My Student Has Requested Times To Log In

	Time (ex: 9:15-10:00)	Time	Time	Time	Time
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Monthly Tuition Full Day 7:30 - 5:30 pm

<input type="checkbox"/> 5 Days \$979 <input type="checkbox"/> M - F	<input type="checkbox"/> 3 Days \$749 <input type="checkbox"/> M/W/F	<input type="checkbox"/> 2 Days \$629 <input type="checkbox"/> T/TH	<input type="checkbox"/> 1 Days \$349 M/T/W/TH/F
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Drop off time: _____ Anticipated pick up time: _____

Office Use Only Current Member Yes No Annual Membership Due: _____ \$ Total Due

- Initial** While we will do our best to accommodate each student's unique virtual learning, we cannot guarantee the completion and unique schedule times for each student.
- Initial** I have completed my students online registration and accepted the wavier at arizonasunrays.com
- Initial** I understand my registration is not complete until I return all completed forms and tuition is paid in full.
- Initial** All changes or cancellations must be submitted in writing 1 week prior.
- Initial** No refunds for unused days or absences.
- Initial** Charges are monthly, no prorations.
- Initial** All listed rates are charged on the 1st of every month or at the time of registration (unless otherwise specified).
- Initial** I understand if I pick up my student after 5:40PM, I will be subject to a \$1 per minute charge thereafter.
- Initial** If my student is going to be absent from school, please notify Michelle@arizonasunrays.com as early as possible.
- Initial** I understand that photos taken at Arizona Sunrays may be used for advertisement purposes.
- Initial** I understand that if my student is experiencing any symptoms, has had direct exposure, and/or has tested positive for COVID-19 I will notify Sunrays.

Parent or Legal Guardian's Signature

Print Parent or Legal Guardian

Date: