



LEARN. GROW. ACHIEVE.

2018-2019 Registration

General

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of Child with Down syndrome: _____

Birthdate: _____

- I would like to register for:
- LP Level 1—4 to 7 years (Kindergarten—First Grade)
 - LP Level 2—7 to 9 years (Second Grade —Third Grade)

Payment Options

To participate in The Learning Program 2018-2019, you have several payment options. You can complete this form, save to your computer, and register by email or mail. Please choose the option that works best for you:

Level 1 or Level 2 = \$200 (\$20/month) + \$50 Registration Fee

- Registration with PAYMENT IN FULL (Registration fee waived) - \$200 Due 8/9
If you are paying for the year in full, the \$50 registration fee is waived
 - I would like to pay in full by credit card. Please complete all forms, including Credit Card Authorization Form, and mail to DSI (or email to garner@dsindiana.org).
 - I would like to pay in full by check (please complete all forms and mail with your check to DSI).
- Bi-monthly Tuition Payment with Registration Fee—\$90 Due 8/9
If you are paying bi-monthly, include a non-refundable \$50 registration fee with first payment.
 - I would like to pay bi-monthly by credit card and authorize DSI to charge my credit card on these dates: \$90 Due 8/9 and \$40 Due 10/18, 12/13, 2/14, & 4/18
 - I would like to pay bi-monthly by check. To use this option, you MUST provide DSI with the \$50 non-refundable registration fee and first bi-monthly payment of \$40 by 8/19 and BEFORE the first class provide DSI with 4 post-dated checks for \$40 (dated: 10/18, 12/13, 2/14, & 4/18)

Payment Options Cont'd

These options are intended to streamline the tuition collection process and save on administrative overhead. If you have payment questions, need alternative arrangements, or need financial assistance information, please email Stephanie Garner (garner@dsindiana.org).

Consent to Listing in Class Directory

Learning Program families often request contact information for other families. To facilitate communication between families and friendship building between students, the class will receive an email directory. The directory will include parent(s) and child names and the parent(s) email/phone number. This information will not be shared with any person or entity outside your class or DSI.

Please indicate below your preference for the Learning Program Class Directory:

- I would like to be included in the 2018-2019 Learning Program Class Directory
- I would NOT like to be included in the 2018-2019 Learning Program Directory

Photo and Video Release Form

We/I, parent(s) of _____, hereby give permission for images of him/her to be captured during regular and special activities through the use of video, photo and digital camera, to be used solely for the purposes of promotional material, website artwork and publications of Down Syndrome Indiana (DSI), and waive any rights of compensation or ownership thereto. Occasionally, it might be necessary to use the first name of the individual; however, no last names, address or other personal information will be used or shared.

Name of participant _____

Age _____ Name of parent/guardian _____

Home address _____

City _____ State _____ Zip code _____

Home phone _____ Cell phone _____

E-mail _____

Parent/Guardian Signature: _____

Date: _____

About My Child

Is there any information about your child that you would like to share with The Learning Program™ team? If your child has any special allergies, behaviors, sensory issues, transition issues, additional diagnoses (apraxia, autism, etc), or fears, please take a moment to let us know so we can work most effectively with your child.



DSI CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION

NAME ON CREDIT CARD				
TYPE OF CREDIT CARD (check one)		<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX
TYPE OF ACCOUNT		<input type="checkbox"/> PERSONAL		<input type="checkbox"/> BUSINESS
ACCOUNT NUMBER				
EXPIRATION DATE				
BILLING ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

AUTHORIZED USE OF CREDIT CARD

TYPE OF CHARGES		Charges related to Learning Program, including registration and tuition.
AUTHORIZED AMOUNT (check appropriate box) and DATES OF CHARGES		<input type="checkbox"/> Pay tuition in full (no registration fee): \$ 200.00 Due: 8/9/18 (\$200 tuition in full) <input type="checkbox"/> Pay tuition on bimonthly basis (\$40 for 2 months), with first charge to include \$50 registration fee. Due: 8/9/18 (\$90 total to include registration fee), 10/18/18 (\$40), 12/13/18 (\$40), 2/14/19 (\$40), and 4/18/19 (\$40)

AUTHORIZATION OF CARD USE

*I certify that I am the authorized holder and signer of the credit card referenced above.

*I certify that all information above is complete and accurate

*I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

CARDHOLDER NAME

SIGNATURE	
PRINTED NAME	DATE