



## ENROLLMENT FORM

**\*Please read and initial each statement.**

\_\_\_\_\_ I have received a copy of the SKIESUnlimited Parent Handbook and the Army Family Covenant letter regarding deployment services. I have been advised that the handbook is available online at [www.fortjacksonmwr.com/skies](http://www.fortjacksonmwr.com/skies).

\_\_\_\_\_ I understand that once my child is enrolled in an ongoing class, I will be billed and responsible for paying the monthly tuition before the 5<sup>th</sup> day of each month. All payments can be made at a CYSS facilities or online at <https://webtrac.mwr.army.mil/webtrac/Jacksoncym.html>. SKIESUnlimited faculties are **NOT** allowed to accept class fees.

\_\_\_\_\_ I understand that if tuition is not paid by the 5<sup>th</sup> day of the month a \$5 late fee will be added to my account on the next business day.

\_\_\_\_\_ I understand that services will be denied starting on the 10<sup>th</sup> day of the month to those who have not paid the instructional fee. Services will resume once all fees have been paid. No makeup lessons, reduced fees or refunds will be made for classes missed due to late payments.

\_\_\_\_\_ I understand that once my child is enrolled, I am responsible for tuition, regardless of attendance, until I submit a written request for withdrawal to CYSS or online at least two weeks in advance of the child's last day of attendance.

\_\_\_\_\_ **I understand that I will be charged a \$25 late withdrawal fee if I fail to provide two weeks written notice when withdrawing my child from a SKIESUnlimited class.**

\_\_\_\_\_ I understand that it is my responsibility for providing current phone numbers and email addresses as changes occur to ensure that I can be contacted by CYSS personnel when required.

\_\_\_\_\_ I understand that SKIESUnlimited classes will not be held on Federal Holidays.

\_\_\_\_\_ I understand that faculty are not responsible for my child except during scheduled class times. Faculty is not responsible for dressing or caring for students before or after class.

\_\_\_\_\_ I understand that if I fail to pick my child up from a SKIESUnlimited class at the end of the scheduled class, I will be responsible for paying late pick up fees in accordance with CYSS policy.

\_\_\_\_\_ I understand that my fees will **not** be adjusted if I decide not to take my child to a class although the class is being offered.

SKIESUnlimited Class: \_\_\_\_\_ **Start Date:** \_\_\_\_\_

Students Name(s): \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**\*Failure to initial/provide requested information will result in the child(ren) not being allowed in the SKIESUnlimited class.**

Is your sponsor deployed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your sponsor is deployed please provide deployment dates: \_\_\_\_\_ to \_\_\_\_\_

If so, do you want to use your AFC benefits (\$300 per child)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FOR OFFICIAL USE ONLY:**

Date: \_\_\_\_\_

Clerk's Initials: \_\_\_\_\_