



How did you hear about us? _____

STUDENT'S INFORMATION

CHILD #1 NAME (FIRST & LAST) _____

DATE OF BIRTH _____ AGE _____ GENDER _____

SCHOOL _____

MEDICAL CONDITION/ALLERGIES/SPECIAL NEEDS _____

CHILD #2 NAME (FIRST & LAST) _____

DATE OF BIRTH _____ AGE _____ GENDER _____

SCHOOL _____

MEDICAL CONDITION/ALLERGIES/SPECIAL NEEDS _____

PARENT/LEGAL GUARDIAN INFORMATION

MOTHER'S FULL NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MOBILE PHONE _____ TEXT MESSAGE YES/NO HOME PHONE: _____

PRIMARY EMAIL ADDRESS _____

FATHER'S FULL NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MOBILE PHONE _____ TEXT MESSAGE YES/NO HOME PHONE: _____

PRIMARY EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION (BESIDES PARENTS)

FULL NAME _____

PHONE NUMBER _____ RELATIONSHIP TO CHILD _____



MEDICAL INFORMATION

DOCTOR'S NAME _____ PHONE # _____

ADDRESS _____

INSURANCE COMPANY _____

PERSONS AUTHORIZED TO PICK UP CHILD (OTHER THAN PARENTS)

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

_____ PARENT/GUARDIAN SIGNATURE REQUIRED	_____ DATE



PAYMENT SCHEDULE

AMOUNT RECEIVED: Office Use Only

SELECT PAYMENT CONTRACT:

Month to Month 6 months Full School year

MEMBERSHIP STARTING DATE: _____ ENDING DATE _____

SELECT PROGRAM:

	Month-to-Month	6-Months	Full School Year
<input type="checkbox"/> Sewing/Creative Arts/Kidpreneur	\$150/per week	\$150/per week	\$125/per WEEK
Add-on Classes-Select one (sewing/creativearts/kidpreneur already included)	Equipments, Books, Tools (Machine, Patterns, ETC.) included in the cost Materials (fabrics, notions, etc.) NOT included		
<input type="checkbox"/> Digital Photography/Design (2x/week)	+\$80/per month	+\$80/per month	+\$80/per month
<input type="checkbox"/> Other(Programs can be customized upon request)			

**Payments are not based on the number of classes per month but on the total amount due, broken down into equal increments of 10 payments.

For Part-Time AfterSchool only: (Please Circle One)

Month to Month/6 Months	Full School Year
1 day/week - \$45	<input type="radio"/> 1 day/week - \$35
2 days/week - \$90	<input type="radio"/> 2 days/week - \$70
3 days/week - \$125	<input type="radio"/> 3 days/week - \$95

SELECT DAYS:

Monday Tuesday Wednesday Thursday Friday



Monthly Program Fee	1 st Child	2 nd Child
+ (Add-on Program)		
+ (Add-on Program)		
+ (Add-on Program)		
Sub-Total		
Monthly Grand Total		
Period Paid at time of Reg.		
Type of Payment received	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	

**note that every failed transaction will incur a \$20 fee and another \$20 for late payment*

Please complete the following information below:

I, _____ authorize Sew Magarbo to charge/debit my account every First of the month, starting _____ with last payment on _____ for payment of my bill based on the fees stated for the commitment I had chosen above.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/Savings Account

Credit Card

<input type="checkbox"/> Checking <input type="checkbox"/> Savings Name on Acct _____ Bank Name _____ Account Number _____ Bank Routing # _____ Bank City/State _____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Cardholder Name _____ Account Number _____ Expiration Date _____ CVV (3-digit number on back of card) _____
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Signature _____

DATE _____

I agree to notify SEW MAGARBO in writing of any changes in my account information or termination of this authorization 30 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each week as soon as the above transaction date. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of US law. I will not dispute the company's recurring billing with my bank or Credit Card Company, so long as the transaction corresponds to the terms indicated in this agreement.



Policies:

Precious Lopez, LLC DBA Sew Magarbo has instituted the following policies to strengthen communication and relations with the customers. Sew Magarbo may change or update policies as needed.

How to register:

Submit completed and signed registration form in one of the following ways:

Via email: afterschool@sewmagarbo.com

Fax: 703.996.4772

In Person: Drop off at our studio during office hours

Snail Mail: Sew Magarbo-AFTER SCHOOL
44933 George Washington Blvd.
Suite #130-135
Ashburn, VA 20147

Deposit & Payment Information:

*A non-refundable registration fee of \$99/per child is required within 2 days of submitting your registration form. This will be applied to your last month tuition.

*Both the First and Last week Tuition Fees are due upon enrollment and are NON-Refundable

*Forms of payment accepted include ACH or credit card (Visa, MasterCard,)

For Recurring payments, authorization form must be signed for auto-debit.

Cancellation:

*You may cancel your participation in the program with a 30-day advance written notice. Discounts given at time of registration will be reverted to full price (for example: if you originally signed up for a Full Year enrollment, it will be recalculated to the month to month Tuition Fee). Additionally, a \$100 cancellation fee may be applicable to those cancelling without the required 30-day notice.

Confirmation:

You will receive email to confirm your registration and payments. If you have not received confirmation two (2) weeks prior to start date, please contact us at afterschool@sewmagarbo.com

Wait List Policy:

Registrations are processed in the order received. IN some case, students may be waitlisted due to enrollment limits. There is no charge for this. You will only be contacted again should a space become available.

Absences:

There is no make-up or credit or refund for students' absences. Parents are required to phone Sew Magarbo at 703.375.9739 or email afterschool@sewmagarbo.com **no later than 12:00 noon**. The first time, we are not informed in a timely manner you will receive a written warning. The second occurrence will result in a \$50 fine per child. Without notification from you, we'd still go to their school to pick up.

Inclement Weather/Emergency Events:

Sew Magarbo will follow the Loudoun County Public Schools (LCPS) Inclement Weather and Emergency event policies for closing. There will be no credit or refund for closing during this inclement weather. The Sew Magarbo management reserves the right to decide on any exceptions.

Holidays and Planned Closings

Sew Magarbo will follow the Loudoun County Public Schools (LCPS) Holiday schedule.

We offer FREE Snow Days and Student Holidays to families in the full year commitment contract. Materials Fee of \$39/day will be due (i.e. students holidays, Columbus Day, MLKjr, Presidents Day). No transportation will be provided. WE DON'T PRO RATE for these breaks.

For planned half-day of school, we pick up the children at the early dismissal time and transport them to our facility. There is no additional charge for half-days

Non-Discrimination Policy

Sew Magarbo admits students of any race, color, nationality or ethnic origin. It does not discriminate on the basis of race, sex, color or national origin in its educational, admission policies or programs.

Rules of Behavior:

Students must follow program and class rules established by the instructors for each program. Students are expected to have a conduct according to the rules, use common courtesy when interacting with others. They are to participate in programs enrolled in and to help setup and cleanup their workstations. The studio reserves the right to dismiss a child from the program for any repeated disruptive behavior.

Photo/Video Release

Photos may be taken of your child during sewing classes, camps, and workshops. The photos with child's first name may be used for promotional purposes on The Sew Magarbo's website or social networks. You must agree to the photography of your child for its usage as indicated, which may include but not limited to brochures, print ads, and web sites. All photos are property of A Sewing Studio.

Student Drop off and Pick up

To ensure your child's safety, please be sure to drop off and pick up promptly. A \$1/minute is charged for over 5 mins late pick up.



AfterSchool Program Dates, Information, Holidays, Waiver:

Dates:

August 23, 2018-June 7, 2019

Information:

The Sew Magarbo AfterSchool STEAM Program runs Monday through Friday during the school year, except the holidays as noted below. The program starts right after each school and ends at 6:30pm

Holidays:

Following the LCPS Calendar, the holidays are as scheduled:

September 3	Labor Day
October 8	Columbus Day
October 22	Student Holiday
November 5-6	Student Holidays
November 21-23	Thanksgiving Break
December 21-January 1	Winter Break
January 18	Student Holiday (moveable)
January 21	MLK Jr.
February 18	President's Day
March 29	Student Holiday (moveable)
April 1	Student Holiday
April 15-19	Spring Break (Camp Available)
May 27	Memorial Day

Parent/Child Waiver:

*Please convey to your child/children:

"Try your best, finish what you start and be respectful of your program activity, safety rules, environment, other students and instructors. "

I acknowledge that my child must follow the rules and guidelines defined by the program or the instructor and understand that any repeated disruptive behavior may result in a dismissal from the program without refund.

I also understand that the Sew Magarbo Studio is a drop off center for creative STEAM programs/classes. Sew Magarbo is NOT a licensed day care center, and therefore in accordance to Virginia Code **§ 63.2-1715 (A) (2)** my child is free to enter and leave the premises without permission or supervision of any Sew Magarbo Staff. As a parent/guardian, I have read and discussed the above policy with the studio's representative; however, as a parent /guardian, I have advised my child to obtain my permission prior to entering or leaving the studio's after school creative STEAM program and not leave the studio without a parent or authorized person. **Initial_____.**

I, the undersigned have consulted with a physician to ensure my child/children can participate in such classes. I recognize that it is my responsibility to notify the studio of any serious illness or injury before every class.

I, the undersigned retain full responsibility for my child and agree that neither SEW MAGARBO, agents, employees, directors, instructors, teachers, or volunteers nor the facility will be liable for any injury or damages to person or property or any other legal claims which I or my child or any other party may have resulting from or related to my child's participation in the Sew Magarbo's afterschool creative STEAM program, activities, or classes and I hereby agree to save, hold harmless, and indemnify Sew Magarbo, its agents, employees, instructors, staff and volunteers from and against any such claims.

Parent or Guardian must sign this form.

Parent/Guardian Signature

Date



DATE

To Whom It May Concern:

My child, _____, will be riding the Sew Magarbo Van and/or designated bus by them, each day after school to attend their after school creative STEAM program. Please allow my child to be dismissed to the designated area for pick up. This is effective immediately and will continue until the end of the school year.

My child is in the _____ grade, _____'s homeroom

Thank you,

Signature Printed Name / Relationship to Child