



Enrollment Agreement

I, _____, the legal parent, guardian, or custodian of _____ do, hereby place said child in the care of Alice Blount Academy (hereinafter, ABA) for a period of time not less than thirty (30) days.

The signing of this agreement grants specific permission to ABA to render health services, including medical, dental, psychiatric, and surgical, as may be deemed necessary by duly licensed physicians, without notice to, or further comment of the undersigned, and to obtain fees for treatment from the parent or insurance company, whichever may apply. It is understood, that the undersigned shall be notified as soon as possible, but ABA shall be the sole judge of whether or not time permits such notification based on each individual situation priority.

I hereby agree to assume the cost of medical care of said child, if the opinion of ABA, I am financially able to do so. I will keep ABA informed at all times regarding any changes in my employment, place of residence and phone contacts so that I may be reached immediately in case of emergency.

I hereby grant ABA permission to sign and document or make any plans regarding the education of said child. I also grant permission for ABA to request and receive copies of past medical records, school records and/or psychological assessments done on said child.

I agree to pay the rate of \$ _____ as outlined by the ABA. I understand that fees are non-refundable after the first 10 days of enrollment.

I agree to participate in periodic visitations with said child and representatives of ABA to review to the progress of my child.

I agree not to remove said child, even temporarily, from ABA facility or any of its programs without the permission of the Executive Director or his representative. I also agree to notify the Executive Director of ABA or his representative at least two weeks in advance of any plans to remove said child permanently from ABA.

If at any time ABA feels that the services to my child can no longer be rendered, I understand I will receive notice three (3) days in advance should discharge be necessary. I will also assume responsibility for my child's pickup and/or transportation.



I have read and understand the admission criteria to ABA. I understand that these conditions are necessary for the successful treatment and protective care of my child. My signature confirms that I am in complete agreement with above conditions and will abide by the rules and regulations of ABA.

Date: _____

Parent's Signature _____

Parent's Printed Name _____