



ACCIDENT/MEDICAL

I/We the undersigned parent(s) or legal guardian of the student named on this page do hereby give authorization to the school to obtain emergency medical care and necessary transportation to a hospital emergency room. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the student, but treatment will not be withheld if the undersigned or authorized adult cannot be reached. I/We understand that ROH does not provide accident/medical insurance for students, and I/We further understand that all costs related to medical treatment may be my/our responsibility and not that of the school.

TUITION

By signing and dating below I agree to fulfill my obligations of payment for my child’s tuition for the school year of 2020-2021. I also agree to the information, terms, and authorizations discussed in the student application form.

The \$50 enrollment fee is due at time of application completion and applies to the first month’s tuition. Any family enrolling more than one child will receive a 10% discount for each additional child.

I hereby select to:

- Pay in 10 monthly installments, beginning at the time of enrollment.
- Pay in 20 bi-monthly installments (on 1<sup>st</sup> & 15<sup>th</sup> of the month), beginning at the time of enrollment.

\_\_\_\_\_  
 Parent/Legal Guardian’s Signature                      Student’s Signature                      Date

Tuition Payment Plan for 5 days/week

August	\$150 (\$100 due after enrollment fee)
September	\$300
October	\$300
November	\$300
December	\$150
January	\$300
February	\$300
March	\$300
April	\$300
May	\$150

Tuition for less than 5 days/week

\$15/day x \_\_\_\_\_ days per month = \_\_\_\_\_

M T W TH F (circle days attending)