



MAKEUP CLASS FORM

Today's Date _____

Child Information:

First Name _____ Last Name _____

Guardian's Cell Phone: _____

Class Payment Schedule (please, mark): 12 weeks 4 weeks (not eligible for makeup)

Date Missed: _____ Hours Missed: _____

Reason Missed (please, mark) Illness Other (not eligible for makeup)

Number of Previously Attended Makeup Classes During Current Session: _____

Blooming Minds Academy is not responsible for missed classes. Make up classes are only offered on a limited and pre-arranged basis. Makeup classes are only available if your child's absence is due to illness. This is to ensure fairness and equality with makeup classes, and to maintain the child to teacher ratio. The make-up hours in the 12 week session are equivalent to the weekly hours your child is attending Blooming Minds Academy.

There will be no make-up hours for children signing up for 4 weeks sessions.

Missed classes are non-refundable. There are no make-up classes or tuition refunds available for weather related closures.

Makeup Approved: Yes No Make up Date: _____ Teacher: _____

Approved By: _____ Date: _____ Signature: _____



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