

# BRAINCHILD EDUCATION CENTER

## BETHANY SUMMER PROGRAM REGISTRATION FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Processing Fee: \$30

Camp Fee:

Weeks	1	2	3	4	5	6	7	8	9	10
Fee	\$260	\$450	\$625	\$800	\$950	\$1,100	\$1,250	\$1,400	\$1,550	\$1,700

Please indicate the week(s) for which you are paying by checking the box below.

- |   |  |
|---|--|
| <input type="checkbox"/> Week 1: 6/21 to 6/25 | <input type="checkbox"/> Week 6: 7/26 to 7/30  |
| <input type="checkbox"/> Week 2: 6/28 to 7/2  | <input type="checkbox"/> Week 7: 8/2 to 8/6    |
| <input type="checkbox"/> Week 3: 7/5 to 7/9   | <input type="checkbox"/> Week 8: 8/9 to 8/13   |
| <input type="checkbox"/> Week 4: 7/12 to 7/16 | <input type="checkbox"/> Week 9: 8/16 to 8/20  |
| <input type="checkbox"/> Week 5: 7/19 to 7/23 | <input type="checkbox"/> Week 10: 8/23 to 8/27 |

Extended Hours:            Before: 8:00 am to 9:00am     Yes     No  
    after: 4:00 pm to 5:20 pm     Yes     No

Amount Deposit: \_\_\_\_\_ Cash  Check  # \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_ Cash  Check  # \_\_\_\_\_ Date: \_\_\_\_\_

No make-up classes are given for absences. Students bring their own lunches.

### PARENT PLEASE READ CAREFULLY AND SIGN

We understand that all the course materials are the exclusive property of BrainChild Education Center and agree that we will not disclose any information, written or verbal, obtained from this program to any third parties. We further understand that these materials may not be reproduced in any form. I have read and verified the above information to be accurate.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT**

If parents cannot be reached, whom can we call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Child's medical history/cautions, medical/special needs (medications, allergies, drugs, physical or mental disability, behavior disorders, attention disorders, others):

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED ALTERNATE PICK-UP PEOPLE**

List all persons, excluding parent(s) authorized to pick up your child:

	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

**INSURANCE**

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in the Summer Program.

**AUTHORIZATION**

Participation: I give permission for my child to participate in all activities, field trips, and to be transported as authorized by BrainChild Education Center.

Medical Treatment: I hereby give permission that my child may be given emergency treatment by a qualified staff member of the BrainChild Education Center. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital selected by the Center supervisor when deemed immediately necessary or advisable by the physician to safeguard my child's health.

**WAIVER OF LIABILITY**

To my knowledge my son/daughter is physically healthy and able to participate in the class for which he/she is registered. I/we, the parents/guardians of \_\_\_\_\_ assume any and all risks and hazards of the conduct of the program and release from responsibility and liability any person(s) transporting him/her to and from activities. In case of injury, we do hereby waive all claims against the organization, or any supervisor connected with the program. I/we further release BrainChild Education Center and any/all staff personnel of the Center from responsibility or liability as regards injuries suffered by the above mentioned person in connection with his/her participation in said program.

**REFUND POLICIES**

No make-up classes are given for absences.

Refund on or before 6/20/10 will receive a full refund minus the \$200 camp deposit.

Cancellation after 6/20/10 will receive a 50% refund of the camp fee after the \$200 non-refundable camp deposit.

I have read and understand the above.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_