

# EdBoost Registration 2007-2008

Tel: 310/559-1991 • Fax: 310/559-1188 • www.edboost.org

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Legal Guardian #1's Name: \_\_\_\_\_ Day Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent #1's Cell/Pager: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent #1's E-mail: \_\_\_\_\_

Parent #2's Name: \_\_\_\_\_ Day Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent #2's Cell/Pager: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent #2's E-mail: \_\_\_\_\_

Parent #2's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different from parent #1's)

## MEDICAL INFORMATION

Doctor's Name: \_\_\_\_\_ Doctor's Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any medical problems or allergies of which we should be aware: \_\_\_\_\_

Does your child have any special needs? Yes  No  If yes, please explain: \_\_\_\_\_

## EMERGENCY CONTACTS

If your child's parents or guardians cannot be reached, whom should we contact? (Please fill in all blanks)

Name #1: \_\_\_\_\_ Name #2: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Out of State Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## DAILY CARPOOL/DISMISSAL INFORMATION

Children will only be released into the care of a parent or those indicated below on this form. We will assume that you hold to this plan unless you inform us in writing 24 hours in advance. People other than me who may pick up my child (please include second parent):

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #3: \_\_\_\_\_ Relationship: \_\_\_\_\_

My child (ward) may be released at any time to make purchases in our shopping center: \_\_\_\_\_  
(Initial if applicable)

My child (ward) may be released at any time during EdBoost hours to walk or take public transportation: \_\_\_\_\_  
(Initial if applicable)

**Please fill out both sides of this form**

**EMERGENCY "RELEASE TO" INFORMATION (if same as Carpool/Dismissal information, check here )**

In the event of a local emergency, I give my permission for my child (ward) to be picked up by the following people only. NOTE: If you do not complete this section (or check the box), your child will only be allowed to leave with a parent during an emergency.

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #3: \_\_\_\_\_ Relationship: \_\_\_\_\_

**AGREEMENT**

I, \_\_\_\_\_, am the parent ( or legal guardian)  
of \_\_\_\_\_.

\_\_\_\_\_ I **AGREE** to provide EdBoost with written notification (either in the form of a note, letter, email, FAX, or a newly filled out registration form) of any changes in the above listed information.

\_\_\_\_\_ I **ALLOW** my child's (ward's) photo or likeness to be used in any and all promotional or marketing materials produced by EdBoost or by any agency acting for EdBoost.

\_\_\_\_\_ I **AGREE** to pay tuition for programs or courses in which my child (ward) is enrolled.

\_\_\_\_\_ I **UNDERSTAND** that EdBoost tuition must be paid for all services rendered and that refunds are not issued for missed tutoring appointments or Homework & School Project Assistance days.

\_\_\_\_\_ I **HAVE READ AND UNDERSTAND** EdBoost's policies and procedures and agree to abide by them. The EdBoost's policies and procedures are available at EdBoost or on the Internet at [www.edboost.org/PoliciesProcedures.pdf](http://www.edboost.org/PoliciesProcedures.pdf).

\_\_\_\_\_ I **EXPRESSLY RELEASE** and discharge EdBoost Education Corporation and their Staff, Volunteers, Directors, Administrators, and Members of the Board of Directors from any liability or responsibility for damage from injury related to any and all EdBoost activities and programs, other than such liability or responsibility arising as a result of their gross negligence or willful misconduct.

\_\_\_\_\_ I **GIVE MY CONSENT** for my child (ward) to go home with the individuals listed above during a local emergency. In the case of a medical emergency and if I cannot be reached, I **AUTHORIZE** an EdBoost staff member to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my said child (ward) by an appropriate medical or dental professional. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

\_\_\_\_\_ I **HAVE READ AND UNDERSTOOD** this entire form, and the information I have given is true and correct.

\_\_\_\_\_ I **UNDERSTAND** that EdBoost may terminate this Agreement at any time for any reason. Failure by students or parents to adhere to the terms of this Agreement or EdBoost's policies and procedures may result in termination of this Agreement.

**One-on-one & Test Prep Tutoring Only**

\_\_\_\_\_ I **UNDERSTAND** that I must cancel tutoring appointments at least **24 hours** in advance in order to avoid being charged for the session.

\_\_\_\_\_ I **UNDERSTAND** that I may cancel an appointment if my child is ill, but I agree to provide as much notice as possible.

\_\_\_\_\_ I **UNDERSTAND** that if I cancel more than **5** appointments during a school year, for ANY reason, EdBoost may suspend my child from EdBoost services until further notice.

\_\_\_\_\_ I **UNDERSTAND** that tutoring sessions start at the appointed time and run for 60 minutes (or specified amount of time). I understand that if my child is late, he/she loses part of his/her tutoring session. If my child is more than 10 minutes late, his/her tutor may cancel the session and I will be charged for that session.

**Homework & School Project Assistance (HASPA) Only**

\_\_\_\_\_ I **UNDERSTAND** that I will be charged \$1 for every minute my child remains at EdBoost after 6:35.

\_\_\_\_\_ I **UNDERSTAND** that EdBoost is an educational facility. My child may stay at EdBoost until Homework & School Project Assistance ends at 6:30 as long as he/she is not distracting other students and is engaged in an educational activity. If my child does distract others and/or will not engage in educational activities, he/she will be asked to call a parent or guardian. My child will then wait in the waiting area until I, or one of my carpool/dismissal people, can pick him/her up. Students should be picked up within 30 minutes.

\_\_\_\_\_ **MY CHILD HAS READ AND UNDERSTANDS** the HASPA Student Contract and **UNDERSTANDS** that failure to comply with those rules may result in warnings, suspension, or expulsion. HASPA Student Contract available at [www.edboost.org/HASPAStudentContract.pdf](http://www.edboost.org/HASPAStudentContract.pdf).

\_\_\_\_\_ I **UNDERSTAND** that if my child is suspended or expelled from EdBoost for violation of rules or policies in the Student Contract, I will not receive a refund.

\_\_\_\_\_ I **UNDERSTAND** that my child's first week in Homework & School Project Assistance is a probationary week. If my child does not comply with the rules in the Student Handbook, my child will not be formally admitted into the program and I will receive a refund (minus one week).

**I have read and agree to the above:**

Parent 's or Legal Guardian 's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fill out both sides of this form**