

EdBoost Registration 2008-2009

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

Office use only:

Date: _____

Complete: _____

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. 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 from EdBoost to make purchases in our shopping center: _____
(Initial if applicable)

My child (ward) may be released from EdBoost to walk or take public transportation home, or wait outside after hours: _____
(Initial if applicable)

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: _____

Please fill out both sides of this form

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.

____ 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 **GIVE MY CONSENT** for EdBoost to request my child's grades and test scores from LAUSD (if student is an LAUSD student) for EdBoost to use for evaluation purposes. EdBoost will not reveal any of your student's personal information for any reason. EdBoost will only use the information in aggregate to assess EdBoost's programs' success at raising grades and test scores.

____ I **AGREE** to provide EdBoost with copies of my student's report cards and standardized test scores as long as my student attends EdBoost.

____ 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 if I want to reschedule an appointment, I must reschedule 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, if I provide notice, I will not be charged.

____ I **UNDERSTAND** that if I must cancel an appointment for reasons other than my child's illness, I should **call to cancel the appointment**. If I give **less than 24-hours notice**, I will be charged for the appointment but at my scholarship rate.

____ I **UNDERSTAND** that if my child fails to come for an appointment (for any reason), and I **have not called to cancel the appointment**, I will be charged the **full price** for the session (**regardless of my scholarship rate**).

____ I **UNDERSTAND** that I can give notice by email (tiffani@edboost.org) or phone (310-559-1991) and if I leave a message with a tutor or on the machine I will be credited for having given notice.

____ I **UNDERSTAND** that I must provide **24 hours** notice to withdraw my child from tutoring. If my child misses **2** consecutive sessions (without calling to notify EdBoost staff) EdBoost will take my child off of the schedule, but I **will be charged** for the two missed sessions.

____ 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.

____ I **UNDERSTAND** that there is a 15 minute grace period before and after tutoring (students may arrive 15 minutes early or stay 15 minutes after – except for tutoring appointments ending at 6:30). Students who arrive more than 15 minutes early or stay more than 15 minutes late will be **automatically enrolled in Homework Assistance** for the day and families will be billed accordingly.

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.

____ 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 **UNDERSTAND** that we can sign up for homework help on a daily, weekly, monthly, or trimester basis. I will provide notice if my child will not continue to attend HASPA. I understand that all months are full, 4-week, months, except December and June which are prorated to 3-weeks.

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

Parent 's or Legal Guardian 's Signature _____ Date _____

Please fill out both sides of this form