

EdBoost Summer Day Camp Enrollment 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's or Legal Guardian's Name: _____ Day Phone: (_____) _____ - _____

Parent's Cell/Pager: (_____) _____ - _____ Parent's E-mail Address: _____

Please list class(es) in which you would like to enroll your child.

Name of Summer Enrichment Class	Dates of Camp	Fee
Total Number of Classes:	Total Amount Due:	

Please enclose a check for the total amount due. To apply for scholarships please submit scholarship form. We will contact you with revised fees. Additional forms available at: www.edboost.org/SummerDayCamps.html

I prefer to receive revised fees/confirmation: By mail at address above.
 By email at: _____
 By phone at: _____

AGREEMENT

I, _____, am the parent (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 all EdBoost tuition must be paid in advance and that refunds will be issued only if (1) EdBoost cancels the class, or, (2) I cancel my child's enrollment at least 2 weeks (14 days) before the first day of class.

____ I **UNDERSTAND** that EdBoost may cancel any class at any time and that EdBoost will cancel classes that do not meet a minimum enrollment of at least 6 children.

____ I **UNDERSTAND** that summer classes will start on time and that there are no make up classes if my child misses a class for any reason.

____ I **UNDERSTAND** that I must pick my child up promptly and that I will be charged \$1 per minute for every minute my child remains at EdBoost beyond the 10 minute grace period after his/her class has ended.

____ I **HAVE READ** EdBoost's "Policies & Procedures," understand EdBoost's rules and policies, and agree to abide by them. EdBoost's "Policies & Procedures" are available at EdBoost or on the Internet at www.edboost.org/SummerDayCamps.html.

____ 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.

I have read and agree to the above:

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