Green Grass Learning Center



Summer Program Registration Form

Chiid Name:		D.O.B			Gender			Grade in Fail.		
		/	/		M		F			
Home Address:								Afterschool student?		
								Yes No		
Parent's Name:					Parent's Name					
Phone Number	Email:			Phone Number Email		Email:				
Emergency Contact	Relation with child.			Medical Insurance: Policy		Policy	ID #.			
Home phone	Cell Pl	Cell Phone:			Doctor Name:		Phone			
		1								
Full Day				Half Day – A.M			Half Day – P.M.			
8:00 am – 6:00 pm				8:00 am – 12:30 p.m.			1	:00 pm – 6:00 pm		
Week 1		Week 2 We		ek 3 We		Veek 4	Week 5			
6/9 – 6/12	6/	6/15 - 6/19 6/22			- 6/26 6/29 - 7/2			7/6 – 7/10		
Week 6	Week 6 Week 7 W			We We	Week 9 Week 10					
7/13 – 7/14	7/20 – 7/24 7/27 -			- 7/31	8/3 - 8/7 8/10 - 8/14					
Tuition fees Registration fee: \$65 (for all students) Full Day: \$265 / week Half Day: \$200 / A.M or P.M. Hot Lunch: \$5.00/ per meal (pre-order only) Discount: Multi-session Dsiscount: 10% off tuition fee (enroll at least 6 weeks before 4/1/2020) Sibling Discount: 5% off tuiton fee					 Cancellation and Refund: Non-refundable registeration fee. Full tuition and fees will be refunded if cancelled before 5/15/2020. 50% tuition and fees will be refunded if you cancelled two weeks before the session starts. No refunds for cancellations less than 2 weeks advance notice. Written notice is required for cancellation. All Payment due at registration. 					
Signature of parents / guardian:					Date:					
For School Use Only										
Tuition Paid: Payment Method: Note:					Date:					



Waiver and Release of Liability		G - learning barren
I/we (parents or Guardian) give permengage in all prescribed program activities. I/we, in confidential Center, agree to indemnify and release the program be suffered by my/our child, arising out of, or in an offered by the program, except to the extent attributable officers, staff, employees, contractors, agents and volunt Center and any driver associated with transportation activities of entertaining and recreational cauthorize the program to obtain emergency medical care will be paid by me/us.	sideration of participation in the property of	ograms offered by Green Grass his includes any injuries which in the classes or activities of the program or its owner, inst Green Grass Learning child is being enrolled in a is Not licensed childcare. I/we
Release:		
(initial) I give Green Grass Learning Center permissi purpose of obtaining images and stories that demonstrates	, , ,	•
I acknowledge that the activities involved in the use of a movement related, entail risks, both known and unknow damage to my child(ren)", to property, and /or third pa of physical movement, exercise equipment failure, other	wn, which could result in physical or rties. Such risks include, but are no	emotional injury, paralysis or tlimited to, the physical rigor
I expressly agree and promise to accept and assume all participation and /or my child's participation with GGLC authorize my child to participate in spite of the risk invo	is purely voluntary. I choose with f	•
I agree that the validity or enforcement of this Release substantive law of California, without regard to conflict whether written or unwritten.	· ·	,
By signing below, I acknowledge that if anyone is hurt o I may be found by a court of law to have waived my right from which I have released them herein.		·
I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS AGREE TO BE BOUND BY THE TERMS OF THIS CONTRAC		AND UNDERSTOOD IT. I
Signature of parents / guardian	Relationship to Child:	Date: