

Registration Form

Student Name: _____ Birthday: ____/____/____ Gender: ____

Grade: ____ (New/Existing) School District: _____ School Name: _____

Language Choice: ____ Spanish ____ Hindi ____ Neither

Name(s) of siblings attending GPA (if applicable): _____

Home Address: _____

Mother's Name: _____

Phone Numbers: Home _____ Work: _____ Cell: _____

Email Address: _____

Father's Name: _____

Phone Numbers: Home _____ Work: _____ Cell: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Relationship: _____

Emergency Contact Name: _____ Phone: _____

Relationship: _____

Insurance Company: _____ Policy Number: _____

Please name any medical conditions (allergies, breathing conditions, etc.):

AGREEMENT & RELEASE

I, the undersigned, agree to pay the tuition and other fees as informed or as modified from time to time. In consideration of participation of the "Program" (Program includes field trips, summer and winter program), I agree to indemnify and release the program from any and all liabilities from any injuries or accident which may be suffered by the above named child, arising out of, or in any way connected with participation in the classes or activities offered by the Program, except to the extent attributable to willful act or active negligence of the Program's staffs.

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE AGREEMENT AND RELEASE, AND FULLY UNDERSTAND THAT I HAVE ASSUMED ALL THE RISKS FOR INJURY DURING THE PARTICIPATION OF THE "PROGRAM".

SIGNATURE: _____