

# AcademicStars Summer Registration Form 2017

Student name: \_\_\_\_\_ Grade level of next school year: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ CA \_\_\_\_\_ Email: \_\_\_\_\_

## Summer Programs: (Please check one) (Available from 9AM-12PM or 1PM-4PM- Mon-Fri)

\_\_\_ 4-Wk Program 1 (6/19-7/14)      \_\_\_ 6-Wk Program 1 (6/19-7/28)      \_\_\_ 7-Wk Program 1 (6/19-8/4)

\_\_\_ 4-Wk Program 2 (6/26-7/21)      \_\_\_ 6-Wk Program 2 (6/26-8/4)      \_\_\_ 7-Wk Program 2 (6/26-8/11)

\_\_\_ 4-Wk Program 3 (7/3-7/21)      \_\_\_ 6-Wk Program 3 (7/3-8/11)      \_\_\_ 8-Wk Program 1 (6/19-8/11)

\_\_\_ 4-Wk Program 4 (7/10-8/4)

\_\_\_ 4-Wk Program 5 (7/17-8/11)

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PM (1PM-4PM) Tutoring Programs:    \_\_\_ 2 days/wk      \_\_\_ 3 days/wk      \_\_\_ 4 days/wk

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### Locations:

\_\_\_ Berryessa Rd.    \_\_\_ Evergreen Center

### Transportation:

\_\_\_ Yes \_\_\_ No :    \_\_\_ 1 way    \_\_\_ 2 ways (\$6/way)

Extended Care?    \_\_\_ hours with \$4/hour.

**Refund Policy:** Cancellation fee before the first summer program begins is **\$150/student**. After the first summer program begins, there will be **NO REFUND**.

The undersigned in consideration of the above-named student attending at AcademicStars Education Center, Summer Program agrees to indemnify AcademicStars, Inc., its officers and employees harmless and release the company of any and all liability for any injury that may be suffered by the above named individual registered in the center, arising out of or in anyway connected with the attendance in the program as well as transportation from or to AcademicStars center.

I, the undersigned parent/guardian, acknowledge that my child is attending at AcademicStars Education Center. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THE TERMS. Further, I do hereby authorize the AcademicStars Educational Services as my agent for minor participant to consent to any medical diagnosis, treatment or hospital care rendered by and under the general supervision and advice of a physician or surgeon licensed under the Medical Practice Act in case of accident or illness during the time at AcademicStars Center (s) or duration of any AcademicStars' field trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For AcademicStars only: Fee: \_\_\_\_\_ Date entered: \_\_\_\_\_ Session \_\_\_\_\_ Received by: \_\_\_\_\_ Discount? \_\_\_\_\_