

# Out of the Box Enrichment Programs

Student Application & Registration

## Student's Information

**Student's Name \***

First Name

Last Name

**Nickname**

**Date of Birth \***



Month

Day

Year

**Nickname**

**My child will attend his/her assigned learning pod: \***

FULL-TIME (5 days/week)

PART-TIME (3-4 days/week)

DROP-IN (1-2 days/week, based upon availability)

**If Part-time, please list the days of the week your child will be attending. Note: Days of attendance must remain consistent each week. Out of the Box Enrichment Programs must be notified and approve of schedule changes at least two weeks in advance. Drop-in students may be accepted based upon availability at time of registration.**

**Have you already selected a learning pod for your child to attend? \***

Yes

No

**If so, please provide the name(s) and full address(es) of your child's pod host(s).**

**Expected Start Date**



Month    Day    Year

**Name & Location of School \***

**Grade Entering in 2020/21 \***

**List a book/novel that your child will be reading this school year. Students must bring a required book/novel from their classroom reading list to be read when instruction is not in session. \***

Title/Author

**List a 2nd book/novel that your child will be reading this school year.**

Title/Author

**Please share an interesting fact about your child.**

Please provide any additional information that you think is important or may affect your child's ability to fully participate in our enrichment programs.

## Parent/Guardian Information

Parent/Guardian 1

### Parent/Guardian 1 \*

First Name      Last Name

### Relationship to Child \*

### E-mail \*

example@example.com

### Cell Phone \*

### Home Phone

### Home Address \*

Street Address

City

State / Province

**Parent's Work/School Name \***

Or enter N/A if not applicable

**Parent's Work/School Phone \***

**Parent's Work/School Address**

Street Address

City

State / Province

Postal / Zip Code

**Which is the best way to contact you during the day? \***

Cell Phone

Work Phone

Home Phone

**Which is the best way to contact you in the evening? \***

Cell Phone

Work Phone

Home Phone

Email

## Parent/Guardian Information

Parent/Guardian 2

### Parent/Guardian 2 \*

First Name

Last Name

### Relationship to Child \*

### E-mail \*

example@example.com

### Cell Phone \*

### Home Phone \*

### Home Address Same as Parent/Guardian 1? \*

Yes

No

### Home Address (if different from above)

Street Address

City

State / Province

Postal / Zip Code

### Parent's Work/School Name \*

**Parent's Work/School Phone \***

**Parent's Work/School Address**

Street Address

City

State / Province

Postal / Zip Code

**Which is the best way to reach you during the day? \***

Cell Phone

Work Phone

Home Phone

**Which is the best way to reach you in the evening? \***

Cell Phone

Work Phone

Home Phone

Email

EMERGENCY CONTACTS/AUTHORIZED PICKUP

**Emergency Contact #1**

(someone other than child's parent(s)/guardian(s) who live within 45 minutes)

**Full Name \***

First Name

**Address \***

City

State / Province

**Primary Phone Number \***

**Secondary Phone Number \***

**Relationship to Child \***

### Emergency Contact #2

(someone other than child's parent(s)/guardian(s) who live within 45 minutes)

**Full Name \***

First Name

Last Name

**Address \***

City

State / Province

**Primary Phone Number \***

**Secondary Phone Number \***

## Relationship to Child \*

### Emergency Contacts/Authorized Pickup

I understand that Out of the Box Enrichment Programs does not provide childcare services for learning pods and cannot assume responsibility for such. I also understand that it is my responsibility to make sure that my child's pod host has all of my contact information, insurances, medical releases, and other paperwork as the pod host is the party providing childcare for my child and is not affiliated with Out of the Box Enrichment Programs in any way, regardless of the presence or absence of an onsite teacher, tutor, or enrichment specialist. Further, I am providing the above list of emergency contacts and hereby authorize Out of the Box Enrichment Programs to act on behalf of my child in case of emergency and solely in the event that the pod host suddenly becomes unable to carry out his/her childcare responsibilities due to an immediate unforeseen illness or other event.

**I have read, understand, and accept the terms listed above concerning Emergency Contacts/Authorized pickup for my child. \***

YES (if yes, check here)

### Medical / Health Information

**Name of Physician or Clinic/Hospital**

**Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Phone Number**



**Is the child up-to-date on all immunizations? \***

Yes

No

**Please list and explain any allergies or special requirements \***

0/150

**Does your child have a special health or medical condition? \***

Yes

No

**Please explain \***

0/150

**List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation. \***

0/200

### **Additional Medication**

Note: Out of the Box Enrichment Programs cannot store nor administer medication but may make

necessary concessions for pod host or other designee to issue. We may also share such information in the event of an emergency.

**Name and exact dosage of medication (including time(s) to be administered \***

**Hold Harmless and Indemnification Agreement**

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT BETWEEN: OUT OF THE BOX ENRICHMENT PROGRAMS AND PARENT/GUARDIAN LISTED ABOVE IN THIS APPLICATION/AGREEMENT, IN THE STATE OF NEW JERSEY, LOCATED AT PO BOX 834, TURNERSVILLE, NEW JERSEY 08012, whose academic enrichment programs will be administered at THE HOME OR OTHER DESIGNATED LOCATION MUTUALLY AGREED UPON BY PARENT/GUARDIAN, POD HOST, AND OUT OF THE BOX ENRICHMENT PROGRAMS, a location not affiliated with Out of the Box Enrichment Programs, beginning on the date indicated on the signature page of this Application/Agreement and remaining in effect throughout said child's participation in our program(s). The undersigned understands and acknowledges that this Hold Harmless and Indemnification Agreement requires that Out of the Box Enrichment Programs, its officers, agents, subcontractors, and employees be indemnified and held harmless for any and all liability, claims, costs, suits, causes of action, judgments or damages sustained by the child listed in this Application/Agreement, and for injury to or loss of property, damage to reputation, bodily injury, or death, caused by or arising out of the conduct of said child, and/or any guest, participant, visitor or other person attending any learning pod sessions. This Hold Harmless and Indemnification Agreement shall also pertain to any such claims alleging negligence on the part of Out of the Box Enrichment Programs. The undersigned further agrees to release any claim that they may have in the future against Out of the Box Enrichment Programs relating to the use of property or facilities, including claims alleging negligence on the part of Out of the Box Enrichment Programs. The undersigned further agrees to furnish Out of the Box Enrichment Programs with copies of child's health insurance information. The undersigned also agrees to do due diligence in making sure pod host, homeowner or property owner/lessee carries appropriate insurance while said child is under their care. The Certificate of Insurance must evidence the provision of general liability, bodily injury and property damage coverage in the event that said child is injured on the premises. In order to induce Out of the Box Enrichment Programs to accept this Hold Harmless and Indemnification Agreement, the following information concerning the intended use of Out of the Box Enrichment Programs is provided: a. The purpose of the event is to provide academic enrichment/support at the homes of students or other designated areas mutually agreed upon by parent(s)/guardian(s), pod host, and Out of the Box Enrichment Programs; b. The total number of persons anticipated to attend this event is no more than 10; c. I have entered into a separate agreement with my child's pod host, who has agreed to assume full responsibility for childcare and will remain on the premises the entire time my child is receiving academic enrichment/support. NO-

SOLICITATION CLAUSE: Neither employees nor sub-contractors are permitted to solicit parents/guardians, clients, pod hosts, or other representatives for work opportunities that directly compete with Out of the Box Enrichment Programs, as this may cause irreparable harm, and result in termination of current and future business relationships, and cause lengthy legal battles. As such, you agree not to solicit employees nor subcontractors to work with you outside of your Agreement with Out of the Box Enrichment Programs for a period of two (2) years following the termination of your Agreement AND said employee's or subcontractor's relationship with Out of the Box Enrichment Programs.

SEVERABLE PROVISIONS: The provisions of this Agreement are severable, and if any one or more provisions may be determined to be illegal or otherwise unenforceable, in whole or in part, the remaining provisions and any partially unenforceable provisions to the extent enforceable shall nevertheless be binding and enforceable. By typing the initials of my first and last name in the box below I am indicating that I have fully read and accept all terms of this Hold Harmless and Indemnification Agreement. I also understand that typing my full name in the box below will be recognized as my electronic signature in lieu of a handwritten signature. The date listed below will

serve as the date of my signature as well as the date that this Hold Harmless and Indemnification Agreement goes into effect.

**Type Initials Below \***

First, Last Initial

**FULL Signature Below \***

First, Middle, Last Name

**Date \***



Month    Day    Year

## Handbook

### Acknowledgement of Handbook of Procedures & Policies

I hereby acknowledge that I have received a copy of Out of the Box Enrichment Programs' Handbook of Procedures & Policies. I am fully aware that I must sign and return the signature page of the Handbook of Procedures & Policies prior to my child being assigned to a learning pod. If my child is dismissed due to failure to adhere to the guidelines stated in the handbook, either on my part or my child's, I am still responsible for paying the remaining balance due on this account.

**I have read and accept the terms of the Handbook of Procedures & Policies listed above. \***

YES (Check if Yes)

## Financial Agreement

### REGISTRATION

There is a non-refundable fee of \$429 per person, which includes an exhaustive registration process (complete with assessment(s), site visit, and orientation for pod hosts, parents, and students). This fee is due at the time of registration and will also secure your child's placement in his/her selected learning pod.

## ACADEMIC ENRICHMENT (PODS)

Weekly fees are based upon pod (group) size at time of enrollment. Due to very limited space, parents must commit to and sign a Financial Agreement (contract) for a minimum of 120 days. If, for any reason, your child is disenrolled prior to the end of your Financial Agreement, the remaining balance must be paid in full.

### **I. 3 days, up to 5 hours per day**

\$169/week (per person, 8 stud. per pod)

\$181/week (per person, 7 stud. per pod)

\$193/week (per person, 6 stud. per pod)

### **3 days, up to 4 hours per day**

\$205/week (per person, 5 stud. per pod)

\$239/week (per person, 4 stud. per pod)

### **II. 4 days, up to 5 hours per day**

\$199/week (per person, 8 stud. per pod)

\$217/week (per person, 7 stud. per pod)

\$232/week (per person, 6 stud. per pod)

### **4 days, up to 4 hours per day**

\$247/week (per person, 5 stud. per pod)

\$279/week (per person, 4 stud. per pod)

### **III. 5 days, up to 5 hours per day**

\$229/week (per person, 8 stud. per pod)

\$249/week (per person, 7 stud. per pod)

\$267/week (per person, 6 stud. per pod)

### **5 days, up to 4 hours per day**

\$283/week (per person, 5 stud. per pod)

\$319/week (per person, 4 stud. per pod)

## IN-PERSON TUTORING

I. Group Session (4-5 students) \$22/hour, per student

II. Micro Group (2-3 students) \$34/hour, per student

III. One-on-One \$54/hour, per student

IV. Special Subjects (i.e. Wealth Management) may have higher rates.

## POD HOST DISCOUNTS

I. 8 students 50% discount, up to 2 children on day of hosting

II. 7 students 50% discount, up to 1 child on day of hosting

III. 5-6 students 25% discount, up to 1 child on day of hosting

IV. 4 or fewer students: No pod host discount

## Billing & Payments

Registration fee must be paid immediately. Two weeks' payments must be made prior to child's start of first day. Payments are due every week beginning the first Friday after child's enrollment date.

### Registration Fee (Reg. \$429) \*

Please enter full registration fee

### Weekly Pod Rate X2

Please enter your child's weekly pod rate x2.

### Subtotal

Please enter subtotal.

### Discount(s)

Please subtract & briefly explain discount(s), if any.

### Total Amt. Due

## Payment Submitted.

Payment will not be credited to your account until verified. Please allow 3-5 business days to verify and credit payment(s) to your account.

**I have read and accept the terms of the Financial Agreement listed above. \***

YES

## Application Completed

**I hereby acknowledge that I have read and completed the above application. By typing in my full name & today's date below, this will serve as my electronic signature in lieu of signing a printed copy of this form. I certify that I understand that my child will not be officially assigned to a learning pod until I have also read & completed the Handbook of Procedures & Policies, Financial Agreement, and have paid the required fees.**

First, Last Name

**Date**



Month    Day    Year