



## Summer Pilot Registration

### Entrepreneur Information

Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of birth:	Age:		
Current address:			
City:	State:	ZIP Code:	
Cell:	Email:		

### Parent / Guardian Information

Parent/Guardian:			
Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:		
Parent/ Guardian			
Address (if different from above):			
Phone:	Alt Phone:	E-mail:	
Call First:			

### Emergency Contact

Name of a relative not residing with you:			
Address:			Phone:
City:	State:	ZIP Code:	
Relationship:			

### Summer Contract

Session 1	<input type="checkbox"/> June 3 - 7	<input type="checkbox"/> June 10 - 14	<input type="checkbox"/> June 17 - 21	<input type="checkbox"/> June 24 - 28	
Day Choices :	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Session 2	<input type="checkbox"/> July 8 – 12	<input type="checkbox"/> July 15 - 19	<input type="checkbox"/> July 22 – 26	<input type="checkbox"/> July 29 Aug 2	
Day Choices :	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
<input type="checkbox"/> Registration Fee: \$50	<input type="checkbox"/> Renewal Fee: \$35	<input type="checkbox"/> Supply Fee: \$40	Total Fee Payment:		

### NOTES

Signature of Applicant:	Date:
Signature of Parent/Guardian:	Date:

True Knight Entrepreneurs, a division of True Knight Home School Academy, admits students of any race, color, national and ethnic origin.



## Emergency Contact and Medical Information

		M    F
Entrepreneur's Name	Date of Birth	Sex
Parent's/Guardian's Name	Parent's/Guardian's Name	
(    )	(    )	(    )
Home Phone	Work Phone	Home Phone      Work Phone
Address	Address	
City, ST ZIP Code	City, ST ZIP Code	

## Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
(    )	(    )	(    )	(    )
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

### Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	
I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.	
Parent's/Guardian's Signature	Date
<input type="checkbox"/> I have attached the entrepreneurs shot records	



## Billing, Payments, Cancellation and Rescheduling Policy

Billing for services from True Knight Academy will occur the 3rd Thursday of each month for the following month. Payment is due on the 25<sup>th</sup> of the month and late after the 30<sup>th</sup>. Late payments are subject to a late charge of \$50 per day for the 1<sup>st</sup> 2 days, \$10 each additional business day for up to 10 business days upon which your space is forfeited.

True Knight has a non-refundable, non-transferable payment policy, including sick days.

In the event of an absence or a scheduling issue, a make-up day can be available provided it is within the same billing month and there is available space.

After hours pick up are billed based on the payment schedule. Late pick up (after official closing time) is billed at \$1.00 per minute.

I am the financially responsible party for \_\_\_\_\_ and I understand the above

student

policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Entrepreneur

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# of Days	3	4	5
Full Day	\$215	\$280	\$325
@ TKA	Aftercare - \$10/Day		

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PHOTO RELEASE

I, \_\_\_\_\_,

Parent/Guardian of \_\_\_\_\_ hereby authorize and consent to the use of his/her visual image by True Knight Home School Academy for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ (in case we need to contact you).

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I, \_\_\_\_\_,

Parent/Guardian of \_\_\_\_\_ hereby *do not* authorize and consent to the use of his/her visual image by True Knight Home School Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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