

THE MATH DEPOT

REGISTRATION FORM **SPRING 2025**

2336 Main Street Tucker, GA 30084 (404) 246 - 5367

www.TheMathDepot.com learn@themathdepot.com

Date ____

		STUD	ENT II	NFORMATIO	N					
LAST NAME	FIRST NAM	E	MIDE	DLE NAME		GENDER	DA	TE OF BII	RTH	AGE
ADDRESS					CITY			STATE	ZIP	CODE
PARENT / GUARDIAN'S NAME				E-MAIL						
HOME PHONE MOBILE PHONE			ONE			WORK PHONE				
PARENT / GUARDIAN'S NAME			E-MAIL							
HOME PHONE		MOBILE PHONE				WORK PHONE				
EMERGENCY CONTACT				RELATIONSHIP PHONE NUMBER(S)						
EMERGENCY CONTACT				RELATIONS	SHIP	PHONE NUMBER(S)				
*ONLY THE PEOPLE LISTED ABOVE ARE AUTHORIZED FOR STUDENT PICK-UP.										
		SCHO	או וסכ	IFORMATIO	N					_
SCHOOL						DISTRICT GRADE			RADE	
ACADEMIC STRENGTHS				ACADEMIC WEAKNESSESS						
OTHER CONCERNS				SPECIAL PROGRAMS / SERVICES						
		MEDI	CAL II	NFORMATIO	N					
MEDICAL CONDITIONS				MEDICATIONS						
FOOD ALLERGIES			OTHER ALLERGIES							
PHYSICIAN'S NAME		ADDRESS				PHONE NUMBER				
HOSPITAL'S NAME		ADDRESS			PHONE NUMBER					
HEALTH INSURANCE		MEMBER ID			GROUP NUMBER					
I have listed all medical comedical treatment necessachild's physician / hospital emergency. I agree to pay also release The Math Deany incident, injury, and accompany incident, injury, and accompany incident.	ary for my chil if I cannot be for all the tre bot and its sta	d in case of ill reached. I als atment that is iff from any an	ness, i so give provid	injury, or acci permission fo ed and obtair	dent. I g or the st ned. I, m	ive the staff aff to contact by heirs, exec	perm t 911 cutors	nission to o if there is s, and adr	conta an ninist	ct my rators

Parent / Guardian's Name _____ Parent / Guardian's Signature _____

THE MATH DEPOT TERMS AND CONDITIONS

REGISTRATION

All students are required to pay a non-refundable registration fee of \$25 and have a complete registration form on file. Parents / guardians must notify The Math Depot of any changes, such as phone numbers, emergency contacts, etc.

TUITION and FEES

All tuition and fees are due prior to any services being rendered. All programs and sessions must be scheduled and are by appointment only. Reservations cannot be guaranteed, and services must be paid for in advance in order to secure the space. Drop-ins are allowed based on availability. A 24-hour notice must be given to cancel and reschedule any sessions. Tuition and fees are non-refundable, but can be applied as a credit in the student's account. Students that are absent due to sickness, vacation, etc. must pay half the daily or weekly rate to hold their space in the attended program.

Payments can be made by:

- (1) cash
- (2) check or money order—a \$35 fee will be assessed for any returned checks
- (3) credit card (+3% fee)
- (4) mobile payment app

Venmo @TheMathDepot

PayPal learn@themathdepot.com (+3% fee)

Zelle (404) 246 - 5367

STUDENT ARRIVAL and PICK-UP

Students are to be brought to and picked up from The Math Depot by a parent or guardian listed on the registration form. All students must be signed-in and out by their parent / guardian for each day. Only the people listed on the student information form will be allowed to pick-up the child. A picture ID will be required. If someone other than those listed will be picking up the child, the parent / guardian must notify the center in writing. A fee of \$5 for every 10 minutes will be charged for any student that is not picked up by the end of each program or session. The Department of Family and Children Services will be contacted for any child that is not picked up an hour after the session or program ends.

STUDENT ACTIVITY PARTICIPATION

I give my child permission to participate in and attend the various activities and experiences provided by The Math Depot. I will notify the center in writing if my child is unable to participate in any given activity.

FIELD TRIPS

I give my child permission to attend field trips provided by The Math Depot. I will notify the center in writing if my child has any restrictions or limitations that prevent him / her in participating in any of the activities or trips.

STUDENT TRANSPORTATION

I give The Math Depot permission to transport my child to and from the center to receive the services provided. I also give The Math Depot permission to transport my child to and from various locations for field trips and activities.

STUDENT BEHAVIOR

All students are required to exhibit positive behavior at all times. A student will receive a warning for the first offense. Parents will be notified with the second incidence. A parent conference will be necessary to continue in any of the programs for any subsequent incidents.

PERSONAL PROPERTY

Students are allowed to bring their own electronic devices, such as laptops, tablets, smartphones, accessories, etc., and are responsible for their proper care. The Math Depot will not be held responsible for any damage or loss of any personal electronic device. Students are expected to use any of the equipment for appropriate activities, and to not cause a disruption to other students or to the program.

PHOTOGRAPHS and VIDEOS

Student's Name_____

I give The Math Depot permission to photograph and videotape my child while participating in any of the provided programs and activities. I understand that the photographs and videos may be used by The Math Depot for the center's website and social media pages, newsletters, flyers, brochures, and albums, in both print and digital form.

EMERGENCIES

I have provided The Math Depot with current contact information for any emergencies that may arise. I authorize The Math Depot staff to obtain any medical treatment necessary for my child in case of illness, injury, or accident. I give the staff permission to contact my child's physician / hospital if I cannot be reached. I also give permission for the staff to contact 911 if there is an emergency. I agree to pay for all the treatment that is provided and obtained.

LIABILITY

The Math Depot and its staff are not responsible and will not be held liable for any and all losses, costs, claims and damages that may arise from any incident, injury, or accident that occurs on and off the premises, prior to, during, and / or after any and all services provided by The Math Depot.

THE INFORMATION I HAVE PROVIDED ON THE STUDENT REGISTRATION FORM IS COMPLETE AND ACCURATE. I HAVE READ AND AM IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS FOR THE MATH DEPOT AS LISTED ABOVE. I RELEASE THE MATH DEPOT AND ITS STAFF FROM LIABILITY FOR ANY AND ALL LOSSES, COSTS, CLAIMS, AND DAMAGES THAT MAY ARISE FROM ANY INCIDENT, INJURY, OR ACCIDENT THAT OCCURS ON AND OFF THE PREMISES, PRIOR TO, DURING, AND / OR AFTER ANY AND ALL SERVICES PROVIDED BY THE MATH DEPOT.

Parent /Guardian's Name_____

Address		
Phone Number	Parent / Guardian's Signature	Date
	THE MATH DEPOT BRIGHT FROM THE START NOTICE OF EXEMPTION	
	, acknowledge that I have been acility. I also understand this program is not req f Early Care and Learning and this program is a	
Parent /Guardian's Na	me	
Parent / Guardian's Si	gnature	
Date		