



Basic Concepts, LLC
1680 E. Gude Drive, Unit 307 Rockville, MD 20850

Summer Program Registration Form

Child's Name: _____
(Last) (First) (Nickname)

Child's Age: _____ Child's Birthdate: _____

Current School: _____ Grade: _____

Parent's Name: _____ Cell phone: _____

Parent's Name: _____ Cell phone: _____

Address: _____
(Number/Street) (City/State) (Zip Code)

Home Phone: _____ Work Phone: _____

Email Address: _____

Emergency Name/Phone (must be different than the name/phone of parents listed above)

Physical/Dietary Restrictions: _____

Potty Trained: _____

Allergies: _____

Medical Conditions: _____

Current Medications: _____

Person(s) authorized to pick up your child: _____

Please note the following policies:

- A **non-refundable** deposit of \$500.00 is due with registration to reserve a space for your child **for each session**.
- The balance must be paid in full by or on the first day of the program.
- There is a \$30.00 charge if your child is not picked up by the end of their scheduled time.
- No refunds will be given for any reason.
- Fees may be paid by cash or check only. Please make checks payable to: **Basic Concepts**.
- **My child will attend FULL DAY or HALF DAY (please circle)**
- **My child will attend the following session (please circle)**
 - o Session 1: June 24- July 12
 - o Session 2: July 15- Aug 2
 - o Both Sessions

I/We have filled out the above information to the best of my/our ability. I/We have read and understand the above policies and agree to follow them.

Signature: _____ Date: _____

Summer Program Goals

In order to help us meet your child's individual needs, please list three goals that you feel are most important for your child to achieve this summer. For example, goals could be related to language, social skills, articulation, fine/gross motor, learning numbers/letters/colors, etc.

Child's Name: _____

1. _____

2. _____

3. _____

***Please attach any recent evaluations, progress reports, and/or IEP's, so that we may determine appropriate summer goals for your child.

***Please attach a photograph of your child. (The photograph will be used by camp staff only to learn names before the program begins).

Basic Concepts Liability, Medical, and Photo Release

General Liability Release

I, _____ (name of Parent or Legal Guardian), acknowledge that my child _____ for whom I have legal custody, has voluntarily applied to engage in speech language, educational and physical activities during Basic Concepts Summer Program. I understand I should be aware of my child's physical limitations and agree to inform Basic Concepts of such limitations.

I understand that participation in Basic Concepts summer program may include activities that can be potentially risky (sports classes, fine and gross motor activities, bike riding, crafts, snacks, therapy are among some but not limited to all the activities). I knowingly and voluntarily agree to assume all reasonable risks and responsibilities for any such injury or accident, which might occur to my child or me before, during, or after any Basic Concepts Summer Program activities that my child or myself has chosen to participate in, except for those resulting from negligence or willful misconduct on the part of Basic Concepts.

I knowingly and voluntarily exempt, release, indemnify, and hold harmless Basic Concepts, or any of its affiliates such as directors, owners, employees, contractors, members, supervisors, volunteers, assistants, and/or students/clients, any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participating in any classes, activities, or events conducted by Basic Concepts, except for those resulting from negligence or willful misconduct on the part of Basic Concepts. I further hereby knowingly and voluntarily agree to waive my rights and that of my heirs and personal representative(s) to hold Basic Concepts, or any of its affiliates such as directors, owners, employees, contractors, members, supervisors, volunteers, assistants, and/or students/clients, liable for such damage, loss, injury, or death.

I further expressly agree to exempt, release, indemnify and hold harmless the Hosting Site, on whose premises Basic Concepts Summer Program will occur as well as the Hosting Site's heirs, successors, directors, owners, employees, contractors, members, supervisors, volunteers, assistants, and/or students/clients, any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participating in any classes, activities, or events conducted by Basic Concepts, except for those resulting from negligence or willful misconduct on the part of Basic Concepts.

Medical Release

I hereby give Basic Concepts permission to seek emergency treatment for my child, and I authorize Basic Concepts representatives to give permission for the performance of emergency medical and dental examination(s) and necessary treatments as deemed necessary by the physician/dentist in attendance. If any emergency arises, a Basic Concepts representative will attempt to reach me and/or my child's emergency contacts and be guided by given instructions. If I cannot be reached, I authorize the attending physician/dentist to act as reasonable medical judgment dictates. I agree to accept financial responsibility for the costs/debts related to any and all emergency treatment deemed necessary by the physician/dentist in attendance. In the event that my child has a special medical need such as a life-threatening allergy or disease, which requires monitoring or medication, I will make appropriate arrangements in advance and provide all necessary medications and information to Basic Concepts. I will indicate this in writing and the signed letter giving Basic Concepts permission to administer medication will be attached to this document.

Family Doctor: _____

Phone Number: _____

Insurance Company: _____

Medical Insurance Policy Number: _____

Group Number - REQUIRED: _____

Insurance Company Phone #: _____

Photo/Image Release

I give my consent to Basic Concepts to take photos and videos of my child. These photos and videos will be used in final projects & classroom photo albums. They may be distributed among other friends in the class. I understand that if I do not want images or recordings of my dependent to be used, I will indicate this in writing and the signed letter will be attached to this document.

Parent/Guardian Signature:

_____ Date: _____

Student Name:

_____ D.O.B.: _____

