

APPLIED SCHOLASTICS LEARNING CENTER

STUDENT INFORMATION

Child's Name: _____ Date of Birth: _____
Address: _____
School Attending: _____ Last Grade Completed: _____ Gender: _____

PARENT/GUARDIAN INFORMATION

Mother's/Guardian's Name: _____ Relationship: _____
Address: _____
Telephone: (H) _____ (W) _____
Cell Phone: _____ E-mail: _____

Father's/Guardian's Name: _____ Relationship: _____
Address: _____
Telephone: (H) _____ (W) _____
Cell Phone: _____ E-mail: _____

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY
OTHER THAN PARENT, AT LEAST ONE EMERGENCY CONTACT PERSON IS REQUIRED**

Name: _____ Relationship to child: _____
Address: _____
Telephone: (H) _____ (W) _____ Cell _____

Name: _____ Relationship to child: _____
Address: _____
Telephone: (H) _____ (W) _____ Cell _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize **Applied Scholastics** to contact the following:

Physician or Clinic Name: _____ Phone: _____

Preferred Hospital Name: _____ Phone: _____

It is understood that Applied Scholastics assumes no responsibility whatsoever for procurement of such emergency treatment and that I, as parent/legal guardian am fully and totally responsible for any medical fees whatsoever and do not hold Applied Scholastics, its administrators, or any of its employees responsible for any medical fees incurred thereby. I understand that I, the parent/legal guardian assume full responsibility for the matter as it regards our child, including any matters of handling insurance claims or bills from companies, etc.

SPECIAL NEEDS

Please note any allergies, special medications, dietary restrictions, special instructions, etc.

AGREEMENTS (Initial next to each one)

_____ When my child is ill, I understand and agree that s/he may not be accepted for camp or remain at camp.

_____ I understand that the study methods utilized at Applied Scholastics were developed by L. Ron Hubbard. I also understand that my child will be learning and using Mr. Hubbard's Study Technology in the summer camp program and I hereby give my permission for his/her participation.

_____ I give permission for my child to be photographed/appear in video clips for use in promotional activities and materials of Applied Scholastics.

_____ I have voluntarily completed and signed this registration form and understand that tutoring does not guarantee or promise results including increased test scores, increased grades, etc. In consideration for my child being provided tutoring I hereby waive, release, and discharge Applied Scholastics, its officers, agents, servants and employees from any expectation of results and alleged liability related thereto for these services.

_____ I understand and acknowledge the camp tutor will operate to the best of his/her ability to improve my child(ren)'s learning ability and no oral representations or statements, apart from the foregoing written agreement, have been made.

_____ I understand that Applied Scholastics reserves the right to terminate this agreement if camp fees are not paid according to schedule, or a student's behavior is disruptive or proves detrimental to the health and safety of others.

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PARENT/GUARDIAN SIGNATURE

DATE

