



# Spring Academy Registration - Students in Grades K+

Student Name	Female/Male	Birth Day	After School w Bus	After School w/o Bus	Enrichment	Total
Deposit – one month tuition (against last month tuition)						
Text Books – \$20 Chinese, \$20 English, \$20 Singapore Math						
Registration – <b>Per child</b>						<b>\$30</b>
<b>Total</b>						\$

**Policy: Registration Fee & book fee are non-refundable. First month tuition, one month tuition deposit, registration fee, and book fee are due upon registration. Tuition due 1<sup>st</sup> of each month thereafter. \$50 late fee applies if payment received after 5<sup>th</sup> business day. 30 days notice needed for program cancellation, however request for June withdrawal will not be honored. Deposit will be put against last month tuition upon 30-day notice, otherwise it is non-refundable. Make check Payable To: Spring Academy.**

Received by \_\_\_\_\_ . Note: \_\_\_\_\_

### Class Schedule:

Class	M	T	W	TH	F	Sat	Sun

Parents Name: \_\_\_\_\_ Tel: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Parent's/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver Form** To complete registration, ALL students and parents/guardians must READ and SIGN the following. For students age 18 or under, their parents/guardians must sign.

I agree to take full responsibility for the consequences of my child (children)'s behavior in the Spring Academy. Such responsibilities include, but are not limited to, repairing damages to furniture and facilities caused by my child (children), and caring my child (children)'s injuries resulting from activities in the school. I agree not to hold the school liable for the consequences and/or actions of my child or children during the school sessions. I further agree to indemnify and hold harmless the school and the school teachers and volunteers for liabilities resulting from injury to any person or damage to any property caused by my child (children). I also give permission for my child(ren) to be photographed.

My signature below acknowledges that I have read a written statement from Spring Academy and agree to release the school from liability for the duration of the Academy.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## Spring Academy- Policy for School Aged Programs

My child, \_\_\_\_\_, is allergic to \_\_\_\_\_

I give my consent for the school to contact my child's doctor for any required information:

Pediatrician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**PHOTO RELEASE Policy:** I hereby grant permission to Sprig Academy to use my child's photograph in official school printed publications, e-mails, web site or advertisements without further consideration, and I acknowledge the Spring Academy right to crop or treat the photograph at its discretion. I also acknowledge that Spring Academy may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I hereby grant Spring Academy permission to use my likeness in photograph(s)/video in any and all of its publications and it in all other media whether now known or hereafter existing, controlled by Spring Academy in perpetuity, and for other use by the Center. I will make no monetary or other claim against Spring Academy for the use of the photograph(s) and or video reserves the right to discontinue use of photos without notice.

**Discipline Policy:** The Spring Academy is a place where all children feel welcome and safe. Therefore, we reserve the right to dismiss any child from our programs who is disruptive, exhibits any behavior that intimidates or threatens the camp or school experience of any other camper/student, is destructive to school property or grounds and/or for any other reason deemed reasonable by any of the After School Programs Directors.

Spring Academy believes that a positive and constructive relationship between the school and the student's parents or guardian is essential to the student's development and school's goal. Therefore the school reserves the right to cancel this agreement or not to offer reenrollment if the Center reasonably concludes that the actions of a parent or guardian make such a relationship impossible or seriously interfere with the Center's activities of its educational purposes. The decision of the Center in this regard shall be final.

**Guidelines for Safe Return to School Policy for School Year 2020-2021:** Spring Academy has provided a separate guidelines for families with students who will come to Spring Academy In Person education. Please read through and ensure to follow the guidelines including but not limited to the following must-haves: Wear a face mask up to nose and mouth all the time, observe social distancing, and wash hands frequently.

As Legal guardian, I hereby give permission for Spring Academy to transport my child(ren) to/from the school, and I recognize that the Spring Academy is not responsible for injuries sustained while participating in school activities, therefore, forever release Spring Academy, its agents, administration and/or employees from any and all injuries and/or damages, including those incurred during transportation to/from the school, onsite or off-site during activities, in summary, all medical expenses suffered and/or incurred by my child while enrolled in the Spring Academy. Spring Academy could call Emergency Care (9-1-1) on behalf of my child during emergency but I will bear all associated costs.

By signing below, I hereby agree that the Center may take action that it considers prudent to protect the safety of my child and the other children visiting the premises. I further agree to indemnify, defend and hold the Center (its owners, officers, directors, agents, employees, successors and its assigns) harmless from and against all actions, claims or liability (including attorney's fees and costs) directly or indirectly caused by my child or resulting from any inaccuracy or omission made by me in completing this Agreement or other information provided to the Center. This waiver of liability is signed voluntarily as to its contents and intent. By signing below, I agree that, to my knowledge, all of the above stated information is accurate.

- Yes, we have received, read and understand the Spring Academy policy and agree to abide by the Center's policies as so described.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# SPRING ACADEMY STUDENT MEDICAL FORM (for Grade 1 and up)

Parents may complete this form. A doctor's visit is not required

**AN IMMUNIZATION RECORD IS REQUIRED**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Please print all information.** In case of emergency please notify:

Parent/Guardian Contact Information:

Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Additional Contact Person (in the event parent/guardian cannot be reached):

Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Restrictions if any: \_\_\_\_\_

Will your child be taking medicine at Spring Academy? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name of medications: \_\_\_\_\_

## HISTORY OF PAST/PRESENT DISEASE:

YES	NO		YEAR	YES	NO		YEAR
_____	_____	SERIOUS ILLNESS	_____	_____	_____	HEART	_____
_____	_____	SERIOUS INJURY	_____	_____	_____	STOMACH/BOWEL	_____
_____	_____	DEFORMITY	_____	_____	_____	APENDICITIS	_____
_____	_____	SURGERY	_____	_____	_____	KIDNEY/BLADDER	_____
_____	_____	SKIN/GLANDS	_____	_____	_____	INFECTION	_____
_____	_____	EARS	_____	_____	_____	MENSTRUAL PROB.	_____
_____	_____	EYES	_____	_____	_____	HERNIA RUPTURE	_____
_____	_____	NOSE/SINUS	_____	_____	_____	BACK/LIMB/JOINTS	_____
_____	_____	TEETH	_____	_____	_____	BEHAVIORIAL COND.	_____
_____	_____	THROAT/TONSILS	_____	_____	_____	CHEST/LUNGS	_____
_____	_____	ALLERGIES (SPECIFY) _____	_____	_____	_____		_____
_____	_____	OTHER (SPECIFY) _____	_____	_____	_____		_____

## AUTHORIZATION

To the best of my knowledge, the Medical History is complete and accurate. I know of no reason to restrict applicant's activity, and give my permission for participation in all activities except as specifically noted herein. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for person named above.

I have read and understand the policies and procedures of Spring Academy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date