



# Summer Camp Registration Form

submit via text 310-818-1171 or email: [spanish@frommis.com](mailto:spanish@frommis.com)

## Basic Information

Parent First Name

Parent Last Name

Address

Phone Number

Email

Participant First Name

Participant Last Name

Participant Age

Participant's School & Grade

## Spanish Immersion Camp – Monday to Friday 9am to 12pm

\$250 per week (subject to a one-time non-refundable registration fee of \$60)

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Week 1 – 06/09/25 to 06/13/25

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Week 4 – 06/30/25 to 07/03/25  
(4 days at \$200)

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Week 2 – 06/16/25 to 06/20/25

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Week 5 – 07/07/25 to 07/11/25

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Week 3 – 06/23/25 to 06/27/25

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Week 6 – 07/14/25 to 07/18/25

Note: Early drop off and late pick up is available upon request at an additional \$10 per hour.

## Payment Options

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Check – payable to Frommis Inc.

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Venmo – @frommisspanish

☐

Zelle – Frommis Inc. 310-818-1171

☐

Credit card – frommisspanish.com



Scan to Pay

I, \_\_\_\_\_ consent to pay full payment for the selected weeks, and understand that the amount paid is non-refundable. I understand that a make-up day can only be scheduled if there is availability and space on another camp day.

Date : \_\_\_\_\_

Signature : \_\_\_\_\_



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Please review the below terms and conditions and sign below.

**Payment Policy** – Summer camps require a non-refundable registration fee due upon registration. Full payment must be received by no later than May 1, 2025.

**Cancellation Policy** – No refunds or credits will be given for any camp cancellations or missed camp days. However, one make-up day may be scheduled, subject to space and availability.

**Behavior Policy** – Frommis Inc. reserves the right to deny entrance and/or continuation of the camp to any child who is unruly or does not respect the rules of the Frommis summer camp program. No refund will be provided in such cases.

**Restroom Policy** – Frommis Inc. premises have communal restrooms, and each child is expected to use the restroom before or after their session. In the event that a participant needs to use the restroom during the session, an instructor or director will guide the participant, unless otherwise instructed by the parent.

**Use of Photographic Images** – At Frommis Inc., we may occasionally take pictures, audio recordings, or videos of participants during class activities, and use them in our printed materials and/or on our website. Please confirm your consent below.

I, \_\_\_\_\_, consent to the use of photography and video of my child in Frommis Inc.'s printed materials, website, and/or for any publicity purposes.

**Safety and Preventive Measures** – All parents and participants are expected to follow safety instructions designed to enhance the safety of all participants. At least one staff member on-site is CPR trained. However, in case of a medical emergency, we will need the parent's consent for Frommis Inc. to secure emergency medical care.

I, \_\_\_\_\_, authorize Frommis Inc. to secure medical treatment from any licensed physician, doctor, hospital, or medical personnel. I will be responsible for any costs incurred for all medical services provided.

**COVID-19 Policy** – Frommis Inc. will abide by any COVID-19 guidelines enforced by the City/State. Thorough cleaning and sanitizing will be provided at the center. If the participant has a cough, runny nose, or feels ill, please skip the session and notify us of the absence.

I, \_\_\_\_\_, further understand and acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. I expressly agree to accept and assume any such risks on behalf of myself and my child.

## Participation Waiver and Release

Participant's Name: \_\_\_\_\_ will participate in certain enrichment activities provided by Frommis Inc. I understand that with any group activity, there are risks of injury, and I will not hold Frommis Inc., its owners, employees, instructors, or contractors responsible for any accidents, personal injuries, illness, or loss or damage to personal property that may occur at this center. This waiver absolves the company of any duty for injuries sustained on the premises before, during, or after the activity.

By signing this agreement, I agree to hold the company completely harmless, including financial responsibility for any injuries sustained, regardless of the cause or circumstances.

Name of Parent: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Emergency Contact

First Name

Last Name

Mobile#

Relationship to Participant

## Authorized Person to Pickup Participant

First Name

Last Name

Mobile#

Relationship to Participant

## Allergies/Diet Restrictions

Does the participant have any food allergies and/or diet restrictions?

☐

No

☐

Yes, please specify below

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## Spanish Proficiency

☐

New to Spanish

☐

Beginner

☐

Intermediate

☐

Advanced

☐

Fluent

Participant's reading and writing proficiency in both Spanish and English

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## How did you hear about us?

☐

Social Media -----

☐

Referred by -----

☐

Flyer -----

☐

Website -----

☐

Other -----