



# *Educational Summer Program*

## *June 7-27, 2017*

### REGISTRATION FORM

Student's Name: \_\_\_\_\_  
(First – Middle – Last)

Female  Male  Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
(MM –DD –YYYY)

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please choose course(s) needed: English  Spanish  Math  Other: specify \_\_\_\_\_

Fees (Non-refundable): \$375.00 one course \$580 two courses

Method of Payment: Cash  ATH  Check  Credit Card: \_\_\_\_\_

Current School: \_\_\_\_\_ Private  Public

Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Principal Certification:

I, \_\_\_\_\_, certify that the above-named student  
currently attends the \_\_\_\_\_ grade in \_\_\_\_\_.  
(School / Academy)

School Seal

He / she is authorized to take the selected remedial course(s) at The Palmas Academy.

School Principal Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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### **Contract, Consent and Medical Release Form**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ as Parent or Legal Guardian (circle one) am entering into this contract for my child's participation in The Palmas Academy's Educational Summer Program under the following terms and conditions:

I agree that the student must comply with 60 hours of remedial courses. I understand that if the student misses at least one hour of remedial courses, the grade **will NOT** be honored.

I understand that The Palmas Academy Educational Summer Program and The Palmas Academy are not liable for any accident or injuries sustained while participating in the program. I fully discharge and forever hold The Palmas Academy, its affiliates, and or related companies, and their respective directors, officers, agents, employees, and assigns harmless from any claims, demands, charges, damages, costs, expenses, actions and suits, known or unknown, which may arise in the future, directly or indirectly related to the activities of this program.

I consent to the use of my child's photographs, for publicity, promotion, advertising and marketing this summer educational program.

I give full authorization to the Medical Personnel, selected by the Palmas Academy Educational Summer Program Director to conduct routine examinations and tests, including X-rays (if deemed necessary), and treatments for the wellbeing of my child. I further agree to the release of any records necessary for insurance purposes.

### **Emergency Telephones**

#### **In case of an emergency please contact:**

Father's Name: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Name and Relation)

Allergies, Asthma, Diabetes or other disabilities: \_\_\_\_\_

Dr. \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Preferred)

Hospital: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In the event we cannot be reached in an emergency, I hereby authorize the Program Director or Staff to exercise their best judgment as the emergency treatment needed, the Doctor and Hospital facilities to be used.

I further grant to the Doctor's and the Hospital attending my child full authorization to perform any treatment they judge necessary to insure the welfare and wellbeing of my child. If at all possible treatment should be rendered:



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### **Late Pick Up**

I agree to adhere to the following "Pick up Policy". Parents are responsible for their child's attendance to each class on time and to pick up their child right after the class is over. Parents are responsible to inform the Academy if they will be late in picking up the child. The Academy will charge a \$15 late pick up fee per hour or fraction thereof.

In the event that I am unable to pick up my child on time, the following person(s) is (are) authorized to do so. The individuals listed below are over 18 years of age.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

The Palmas Academy will not release my child to anyone without my permission and without asking proof of identity.

I agree that pages 1 and 2 of this Registration Form are a part of this document.

\_\_\_\_\_  
Parent/ Guardian Signature                      Relation                      Date