



Afterschool Enrollment Contract

5670 Camden Ave.
San Jose, CA 95124

Student Information

Program Start Date _____

Name First	Middle	Last	Nickname
Home Address Street	City	State	Zip
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth _____	Home Phone _____
Current School		School Address	
Social Security No. _____			

Parent Information

Mother's Name First	Middle	Last	Soc. Security No.
Home Phone	Work Phone	Cell/ Pager	Email
Father's Name First	Middle	Last	Soc. Security No.
Home Phone	Work Phone	Cell/ Pager	Email

Emergency Contacts

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Doctor's Name: _____ Address: _____ Phone: _____

Insurance Provider _____

Policy Number _____ Subscriber Name _____

List all medical and special conditions such as allergies to food, medicine, etc. _____

List all individuals authorized to pick up your child (other than child's parents). Unlisted persons will not be permitted to pick up your child. Identification may be requested from listed individuals.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Afterschool Program Selection (9-01-17 – 5-31-18):			
3 Days__	4 Days__	5 Days__	Grade ____ Transportation__ Optional: Debate__ Math Competition__ Chess__

Liability Release

I, the undersigned, in consideration of participation in the programs offered by Champion School's After School Program (the "Program") agree to indemnify and release the program, its officers, staff and employees, from any and all liabilities from any injuries which may be suffered by the above named child, arising out of, or in any way connected with participation in the classes or activities offered by the program. I acknowledge that I have read the above agreement and release, and fully understand that I have assumed all the risks of injury that may occur in the activities offered by the program. I hereby further authorize the program as the agent for the above named child to consent to any medical diagnosis or treatment and hospital care rendered by and under the general supervision and advice of a licensed physician or surgeon in case of accident or illness during a session of any classes or activities offered by the program.

Parent Name _____, Date _____, Parent Signature _____

Champion Afterschool Admission Agreement

I/, _____, have decided to enroll my child, _____, into the Champion After School Program for _____ days/week during the _____ school year and agree to pay \$ _____ per month as tuition. I have carefully read and agree to the following.

Details (Please initial each line)

- 1 Registration Fee: A nonrefundable fee of \$75 is due with this Registration Form for each new student. _____
- 2 Materials Fee: A nonrefundable Materials fee of \$150 (yearly) is due at the time of admission or reregistration for all new and returning students. _____
- 3 Sibling Discount: Siblings attending the program are given a 5% discount on monthly tuition.
- 4 If needed, a transportation fee of \$160 per month will be added to each child's fees. _____
- 5 Tuition payments: Tuition fees are due on the 1st of each month. There will be a late fee of \$25 if the fees are received after the 5th of the month _____
- 6 Returned Checks: In the event of returned checks, there will be a \$25 fine per check to be paid with the next month's fees. _____
- 7 Short Term Absence: There will be no proration of tuition for absence from the program. _____
- 8 December, January Tuition: December, January Tuitions are charged in Full. _____
- 9 Short term break A child can be allowed to take a short term break from the program but with a minimum of 1 month notice otherwise the tuition would be charged _____
- 10 Champion Afterschool's days of operation, and holidays are listed on the calendar. _____
- 11 Sign In/Out: Students need to be signed in/out daily for school attendance records. _____
- 12 Pick-Up: Parents need to pick up their child latest by 6:00 pm Or a late fee of \$2 per minute will be charged every minute after 6:00 pm. _____
- 13 Termination of Agreement: Parents need to give a 30day notice in writing, by the 1st of the mont, if they would like to withdraw their child from the program or change the enrolled program. _____
- 14 Termination/Suspension/Dismiss Champion Program have the right to immediately suspend/dismiss a child for unsatisfactory conduct or disruptive behavior and medical conditions beyond the expertise of the program. _____

Parent/Guardian Signature _____ Print Name _____ Date _____