

Thousand Oaks Learning Center

Application/Consent Form

2017 – 2018

Student Name: _____ School Attended: _____

Date of Birth: _____ Current Grade: _____ Gender: F ___ M ___ Email contact: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Mother's/Guardian's Name: _____ Email: _____

Mother's/Guardian's Work Phone#: _____ Cell Phone#: _____

Father's/Guardian's Name: _____ Email: _____

Father's/Guardian's Work Phone#: _____ Cell Phone#: _____

(If your child is a TOLC student and the information below is the same as before, please skip to page 2.)

EMERGENCY INFORMATION (If Parent is Not Available)

Adult Contact: _____ Relationship: _____

Emergency Phone#: _____ Cell Phone#: _____

Health Insurance Company: _____ Policy holder: _____

CHILD'S MEDICAL INFORMATION

Any health problems which program directors should know: _____

Medications, if any: _____

Allergies, if any: _____

Special Concerns: _____

Any activities child should NOT engage in: _____

Thousand Oaks Learning Center

REGISTRATION, PAYMENTS& REFUND POLICY

A \$50 non-refundable registration fee is due on the sign up date. Tuition is due on the first day of each month or billing period. A discount is available if a child signs up for the entire school year. All cancellations require a two-week notice for full refund or transfer. We reserve the right to refuse service to anyone.

STUDENT PICKUP POLICY

Parents will be required to COME INTO THE CENTER AND SIGN IN/OUT THEIR CHILD AT THE FRONT DESK. This ensures their safety at all times. If your child is not able to attend a session, an advance notice needs to be sent either to the director or to the staff to let them know. A \$10.00 late fee per child is charged when a child is picked up 20 minutes late. Each additional minute will be charged at \$1 per minute. It is the parent's responsibility to pay the late fee at pick-up or prior to the child's next day of attendance. (If the person you have designated to pick up your child is late, the parent is still responsible for paying the late fee.)

PROGRAMS & FEES (Sibling discount: 5 %)

After School Enrichment Care 2:30 pm – 6 pm, 4 to 5 days per week: \$475 / 4weeks

After School Enrichment Care 2:30 pm – 6 pm, 2 to 3 days per week: \$395 / 4weeks

After School Enrichment Care 2:30 pm – 6 pm, 1 day per week: \$205 / 4weeks

Participation in the after school programs provided by **Thousand Oaks Learning Center** is voluntary. All participants acknowledge and agree that they will assume all risk associated with such participation and waive any action or claim against **Thousand Oaks Learning Center** for any damage, injury or harm of any kind resulting from or occurring during the program activities including school pickup and transportation to other activities.

In consideration of **Thousand Oaks Learning Center** organizing these programs and permitting participation by the undersigned, the undersigned agree(s) to hold harmless the **Thousand Oaks Learning Center**, its officers, directors, teachers and assigns, from and against any and all liabilities, losses, damages, costs, or expenses of any kind which may be incurred by reason of the participation of the undersigned in these programs.

I hereby grant permission for my child to participate in the TOLC After School Program from _____ (M/D/Y) to _____ (M/D/Y). I have read the Thousand Oaks Learning Center (TOLC) Hand Book (available on website: www.tolearningcenter.com) and understand that continued participation in the TOLC After School Program is contingent on the student's attention to the behavioral guidelines. I understand the above and I freely give my consent and permission of all things contained herein.

Parent/Guardian Signature

Date

Thousand Oaks Learning Center

AUTHORIZATION FOR TREATMENT

As the parent/guardian of the above named student, I hereby give authorization to the staff to take my child to an emergency room of the nearest hospital should, for any reason, they require any minor medical or surgical treatment and/or medication while participating in an approved field trip activity. I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well-being of said student.

I understand that staff will make attempts to notify me in all medical emergencies, and I will be contacted, if possible, for my permission if hospitalization or treatment of a serious nature is required.

Parent/Guardian Signature

Date

PERMISSION TO HAVE SOMEONE ELSE PICKUP YOUR CHILD

I hereby give my permission for the following people to pick up my child from the After School Program:

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE FORM

The TOLCAfter School ProgramStaff may be videotaping and taking photographs of the children during the program. This documentation may be used in future brochures or posters as well as on the TOLC web page, or in presentations for the program.To ensure your privacy, we would like your permission to include your child in these photographs.

_____ My child does have permission for photographs to be used in future promotions, informational packages, or websites put together by Thousand Oaks Learning Center.

_____ My child does NOT have permission for photographs to be used in future promotions, informational packages, or websites put together by Thousand Oaks Learning Center.

Parent/Guardian Signature: _____ Date: _____