

# Legend Learning Center

20299 Stevens Creek Blvd., Cupertino, CA 95014  
 Tel: (408) 253-6944 Fax: (408) 253-6529 www.legendlearning.com

## Summer Camp 2011 Enrollment Form

### Student Information

Name of Student: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade after Summer: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_

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

Street	City	State & Zip
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Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ - \_\_\_\_\_

E - mail: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Day Phone: \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Day Phone: \_\_\_\_\_ - \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ - \_\_\_\_\_

### Leadership Program

	6/13-6/17	6/20-6/24	6/27-7/1	7/4-7/8	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/5	8/8-8/12
<b>Training</b>	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
<b>Internship</b>	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
<b>Sub-T</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Total:</b>									\$

### Community Awareness

	6/20-6/24	6/27-7/1	7/4-7/8	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/5	8/8-8/12
<b>9:00-12:00</b>	Career Exploration	Climate Change	Art Appreciation	Healthy Living	Career Exploration	Climate Change	Art Appreciation	Healthy Living
	\$	\$	\$	\$	\$	\$	\$	\$
<b>Total:</b>								\$

Sibling registration waiver / discount: Yes No (Pls. circle)

Any allergies the school needs to pay attention: \_\_\_\_\_

Diet: Regular Vegetarian No Red Meat (Pls. circle)

Remarks: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Representing Staff: \_\_\_\_\_ Date: \_\_\_\_\_

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Sex: \_\_\_\_\_

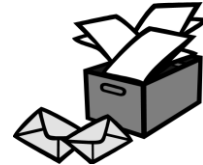
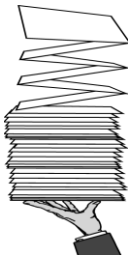
Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



### Release of Liability

I, the undersigned, parent/guardian of \_\_\_\_\_ do agree to release and hold Legend Learning And Family Resource Center, Inc. (Legend) and its staff and teachers harmless from any claim, demand or cause of action for injury to the above named participant(s) of Legend's Summer / After-School Enrichment Programs or damage to his or her personal property which arises out of or is in any way connected with programs of Legend and any travel in connection with such programs. Legend will not be responsible in case of accident, illness or property damage.



### Acknowledgment of the Right of the Licensing Authority

I also acknowledge that, to ensure the quality of the service provided for my child(ren), the licensing authority has the right, without my prior consent, to interview my child(ren) or staff, and review the records of my child(ren) regarding the operation of the school.



### Consent of Treatment

I also authorize Legend to put my child under the treatment of the physician stated on the registration form when my child is in medical need. If my child's physician cannot be contacted, I agree that my child be treated by any licensed physician.

### Child's Sickness

If my child has a fever, a rash, any discharge, or other contagious diseases, Legend will contact me and my child will be picked up as soon as possible. I will allow 24 hours to make sure the student is clear from the fever after taken off of medication and fully recovered before returning to school.

### Allergy Information & Hygiene Issues

I have been informed that some of the students may be allergic to nuts or peanuts. I agree not to bring any food which contains peanut or any kinds of nuts. I also will explain to my child(ren) that they cannot share food with others due to allergy and hygiene issues.

### Media Usage

Legend takes pictures/videos of students during class time or field trips. I agree that the pictures/videos taken by Legend will be used in brochures, website, or other related promotional materials.

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

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## Payment Agreement

Pls. initial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that the rate for enrolling my child, \_\_\_\_\_, in the summer program is \_\_\_\_\_ per week and I enroll him/her for a total of \_\_\_\_\_ weeks during the summer of \_\_\_\_\_.

A full payment is required at the time of enrollment.

Only 50% of the payment will be refunded or credited towards the summer period (6/13-8/12) of for different camps if the student decides to withdraw by 5/15/2010. After that, the deposit is non-refundable.

“Non-refundable” also implies that the deposit amount is not applicable to other programs or schedules other than the deposit originally applied to.

I was informed that if there is a need to change the registered schedule, Legend staff will try to accommodate contingent on availability of space. Parents are encouraged to inform Legend ASAP once there is a need to make changes.

I understand that there will be no refund or make up classes when students are absent, even due to unexpected reasons, which include but not limited to family emergency or sickness of students.

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

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_