



Green Grass Learning Center

Enrichment Program Registration Form

Child Name:	D.O.B ____ / ____ / _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
Home Address:			Afterschool student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent's Name:		Parent's Name	
Phone Number	Email:	Phone Number	Email:
Emergency Contact	Phone:	Medical Insurance:	Plan ID#

Winter (Dec - Feb)
 Spring (Mar – May)
 Summer (Jun – Aug)
 Fall (Sep – Nov)

Saturday	Subject	price	Add to cart	
New / Return student	Registration fee	\$65.00		
Class one: 9:00 a.m.—10:15 a.m. Class two. 10:30 a.m. – 11:45 a.m.	Math (60 mins)	\$ 160/month		
	English (60 mins)	\$ 160/month		
	Chinese (60 mins)	\$ 160/month		
	Drawing (60 mins)	\$ 120/month		
	Material Fee	\$30 / per subject		

Total Weekend Program TUITION X 3 months (must be sign up for three months) = \$ _____
 5% discount for siblings = - \$ _____
 After-school student discount: = - \$ _____

TOTAL AMOUNT DUE = \$ _____

To Register

Mail both this registration form and the Health History/Emergency form with a NON-REFUNDABLE \$65 registration fee and payment for the subjects you chose. Payment of additional session (each program tuition) is due on the beginning of week in each quarter.

Waiver and Release of Liability

I/we _____ (parents or Guardian) give permission for my/our child _____ (child's name) to engage in all prescribed program activities. I/we, in consideration of participation in the programs offered by Green Grass Learning Center, agree to indemnify and release the program from any and all liabilities. This includes any injuries which may be suffered by my/our child, arising out of, or in any way connected with participation in the classes or activities offered by the program, except to the extent attributable to willful act or active negligence of the program or its owner, officers, staff, employees, contractors, agents and volunteers. I/we release any liability against Green Grass Learning Center and any driver associated with transportation activities. I/we acknowledge that my child is being enrolled in a program that consists of entertaining and recreational components, and that the program is Not licensed childcare. I/we authorize the program to obtain emergency medical care for my child. Any expenses incurred in obtaining such medical care will be paid by me/us.

Release:

____ (initial) I give Green Grass Learning Center permission to photograph, video record or interview my child for the purpose of obtaining images and stories that demonstrate the qualities of GGLC and its programs.

I acknowledge that the activities involved in the use of any of GGLC's services or facilities. Which is exercise and physical movement related, entail risks, both known and unknown, which could result in physical or emotional injury, paralysis or damage to my child(ren)", to property, and /or third parties. Such risks include, but are not limited to, the physical rigor of physical movement, exercise equipment failure, other person's acts or omissions, and negligence of other person.

I expressly agree and promise to accept and assume all risks existing in these activities, both known and unknown. My participation and /or my child's participation with GGLC is purely voluntary. I choose with free will to participate and /or authorize my child to participate in spite of the risk involved.

I agree that the validity or enforcement of this Release of Liability and Assumption of Risk will be governed by the substantive law of California, without regard to conflict of law rules. Participants agree to abide by the rules of GGLC, whether written or unwritten.

By signing below, I acknowledge that if anyone is hurt or property is damaged during my participation in these activities. I may be found by a court of law to have waived my right to maintain a lawsuit against GGLC. on the basis of any claim from which I have released them herein.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE CONTRACT. I HAVE READ AND UNDERSTOOD IT. I AGREE TO BE BOUND BY THE TERMS OF THIS CONTRACT.

Guardian / Parents Name: _____ Relationship to Child: _____

Signature: _____ Date: _____