



Green Grass Learning Center

Summer Program Registration Form

Child Name:		D.O.B ____ / ____ / ____		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Grade in Fall.	
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:		Relation with child.		Medical Insurance:		Policy ID #.	
Home phone		Cell Phone:		Doctor Name:		Phone	

<p><u>Tuition fees</u> Registration fee: \$75 (for all students) Full Day: \$380 / 5 days a week Half Day: \$300 / A.M or P.M. Material fee: \$20 flat rate for each week</p> <p><u>Discount:</u> 10% Sibling Discount, 5% Early bird discount</p>	<p><u>Payment terms and cancellation:</u></p> <ul style="list-style-type: none"> Non-refundable registration fee All payment due at registration. Cancellation allowed any time. No Refund for the current session's tuition. Full refund for prepaid session tuition before June 1st.
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Registration fee: \$75 (waived if Enrolled 2024-2025 afterschool program)					
<input type="checkbox"/> W1. 6/9 - 6/13	Full day	Half day	Material Fee		
<input type="checkbox"/> W2. 6/16 - 6/30	<input type="checkbox"/> 5 days <input type="checkbox"/> 4days <input type="checkbox"/> 3days	<input type="checkbox"/> AM <input type="checkbox"/> P.M.	\$20 per week		
<input type="checkbox"/> W3. 6/23 - 6/27	Full day	Half day	Material Fee		
<input type="checkbox"/> W4. 6/30-7/3	<input type="checkbox"/> 5 days <input type="checkbox"/> 4days <input type="checkbox"/> 3days	<input type="checkbox"/> AM <input type="checkbox"/> P.M.	\$20 per week		
<input type="checkbox"/> W5. 7/7 - 7/11	Full day	Half day	Material Fee		
<input type="checkbox"/> W6. 7/14 - 7/18	<input type="checkbox"/> 5 days <input type="checkbox"/> 4days <input type="checkbox"/> 3days	<input type="checkbox"/> AM <input type="checkbox"/> P.M.	\$20 per week		
<input type="checkbox"/> W7. 7/21 - 7/25	Full day	Half day	Material Fee		
<input type="checkbox"/> W8. 7/28 - 8/1	<input type="checkbox"/> 5 days <input type="checkbox"/> 4days <input type="checkbox"/> 3days	<input type="checkbox"/> AM <input type="checkbox"/> P.M.	\$20 per week		
<input type="checkbox"/> W9. 8/4 - 8/8					
DISCOUNT: 5% early bird discount or / and 10% discount for the sibling.					
TOTAL AMOUNT DUE:					

Signature of parents / guardian:	Date:
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To Register:



Waiver and Release of Liability (1 of 2)

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, staffs, employees, contractors, agents and volunteers. I/we release any liability against Green Grass Learning Center, their staffs, 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 personal'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.

Signature of parents / guardian

Relationship to Child:

Date:

Waiver and Release of Liability (2 of 2)



I _____, agree to let my child _____ to participate in summer program provided by Green Grass Learning Center. I am aware of the severity and potential risks posed by the pandemic at this point in time, and take full responsibility to uphold the health requirements of the state, county, and those proposed by Green Grass Learning Center. I will do everything I can and strictly abide by the following requirements of Green Grass Learning Center, as stated below:

1. If your child is unwell, you will let your child stay at home. If your child has any symptom of illness in the center, you will pick up your child from learning center as soon as possible, you also authorize Green Grass Learning Center or their staff to take the necessary actions. Any expensive incurred in obtaining such medical care will paid by you. (student's parents)
2. You understand that under the current pandemic, I will allow the Green Grass Learning Center or their staff to provide necessary health checks, such as non-touch forehead temperature check, nasal virus test, etc.
3. If any health or safety reasons, I allowed the Green Grass Learning Center has the right to refuse care and remove your child from all activities of the week.
4. Please discuss with your child the proper hygiene requirements under the current pandemic.
 - a. Maintain a certain social distance with other children.
 - b. If he / she sneezes or coughs, please have he / she cover his / her mouth with a tissue and discard it in the trash can.
 - c. Wash their hands frequently, using soap for at least twenty seconds.
 - d. Use your own drinking glass and do not share food.
 - e. Do not touch eyes, mouth and nose with your hands to prevent germs from invading from these places.

Understand there may be some situations that are unaccounted for, and all accidents that may occur under unpredictable circumstances is not Green Grass's responsibility. For this reason, I will not pursue any legal implications with any accidents that may occur. I have carefully read the above information and clearly understand the relevant terms.

Signature of Parents / guardian (print your name) Date

Signature of Parents / guardian (print your name) Date

Signature of parents / guardian _____	Relationship to Child: _____	Date: _____
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