



**GREEN GRASS LEARNING CENTER**

**After School Program Registration Form**

|  |                     |                          |                     |                          |  |
|--|---------------------|--------------------------|---------------------|--------------------------|--|
| <b>Child Name:</b>   | <b>D.O.B</b><br>/ / | <b>Gender:</b><br>M<br>F | <b>School Name</b>  | <b>Grade</b>             | <b>Classroom</b>   |
| Choose program and specify day:<br>M T W   |                     | 5 / T                    | 4 / F               | 3                        | <b>Pickup</b> Yes No<br><b>Flat rate:</b> \$130 / \$ 115 / \$100 5 / 4 / 3 |
| <b>Child Name:</b>   | <b>D.O.B</b><br>/ / | <b>Gender:</b><br>M<br>F | <b>School Name:</b> | <b>Grade</b>             | <b>Classroom</b>   |
| Choose program and specify day:<br>M T W   |                     | 5 / T                    | 4 / F               | 3                        | <b>Pickup</b> Yes No<br><b>Flat rate:</b> \$130 / \$ 115 / \$100 5 / 4 / 3 |
| <b>HOME ADDRESS</b>  |                     |                          |                     |                          |  |
| <b>Parent / Guardian 1:</b>  |                     | <b>Day Phone:</b>        |                     | <b>Primary Email:</b>    |  |
| <b>Parent / Guardian 2:</b>  |                     | <b>Day Phone:</b>        |                     | <b>Primary Email:</b>    |  |
| <b>Emergency Contact:</b>  |                     | <b>Phone:</b>            |                     | <b>Relationship:</b>     |  |
| <b>Medical Insurance:</b>  |                     | <b>Plan ID#</b>          |                     | <b>Family Physician:</b> |  |
|  |                     |                          |                     | <b>Phone:</b>            |  |
|  |                     | <b>Family Dentist:</b>   |                     | <b>Phone:</b>            |  |
| <b>Health Record:</b>  |                     | Food Allergy             |                     | Medical Problem          |  |
| Note: all medication send to GGLC must be given to center director and labeled clearly with doctor's instructions  |                     |                          |                     | Behavior Prblms:         |  |
| <b>Liability Release:</b>  |                     |                          |                     |                          |  |
| I/we give permission for my/our child 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 officers, staff, agents or employees. 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. |                     |                          |                     |                          |  |
| <b>Signature of Parent / Guardian</b>  |                     |                          |                     | <b>Date:</b>             |  |
|  |                     |                          |                     |                          |  |

To register, please included completed Registration form with a non-refundable \$100 registration fee. You will be billed at the beginning of the month following registration.



After School Program Admission Agreement Form

This agreement is made by and between (Please print parent/guardian's name) (Hereinafter referred to as "Parent(s)") and GGLC (hereinafter referred to Green Grass Learning Center).

(Please initial all lines)

1. Parent(s) hereby enroll (Name) (D.O.B.) (Name) (D.O.B.) (Name) (D.O.B.)

in GGLC after school program. I understand that GGLC is an educational heritage learning center.

2. Payment Provisions

Monthly Tuition Fee

Parent(s) agree to pay the monthly tuition regardless of the child's attendance during the school year. No vacation or sick day or no-show tuition credits will be offered. There will be no prorating or credits for short-term absences (absences for a period of less than five consecutive days). No credits or make up lessons will be offered for any absence of tutoring/elective class. Refund to the tutoring/elective classes will be offered if GGLC cancelled the classes due to various reasons.

Monthly tuition fee is due on the first day of each month and will be considered late after the fifth day of each month. A late charge of \$25.00 per day will be assessed if monthly payments are no received by the fifth day of each month. A \$45.00 fee will be assessed for returned checks.

Monthly Transportation Fee

Parent(s) agree to pay the pickup and/or drop off fee monthly, if this service is chosen. Monthly transportation fee is due at the same time with monthly tuition fee. There are no refunds for day(s) off less than a week, except in June and December.

Long-term absence

For student who is absent for equal or more than five consecutive days, a \$10 per day tuition credit will be given towards future monthly tuition fee (i.e. if student is absent for five consecutive days, \$50 tuition credit will be applied towards next monthly tuition fee).

Prorated Monthly Tuition

Prorated of monthly tuition applies for incoming students during the school year according to their start date. Payment for the month of June and December will be prorated according to the percentage of attendance days of the month in that year due to year-end of public schools.

Re-enrollment Fee

Students who plan to absent for longer than a week may re-enroll by paying a non-refundable \$65 re-enrollment fee. Please contact school authority about the arrangement depending on availability. Reservation of space can be made provided that parent(s) agree to pay non-refundable one month tuition reserving deposit. The deposit will be applied to the tuition of the first month after the student re-enrolls.

Public School Holidays/Breaks

GGLC offers school breaks program during the time when school closed due to public school holidays/breaks (such as Spring break, Staff Development Day and other days when GGLC is not closed

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due to national holidays). Within this period, additional fee of \$65.00 per day is applied for regular student who pays monthly tuition. This fee is to cover the program from 8:00 am to 3:00 pm (for Kindergarten to 8<sup>th</sup> grade); whereas the time after has been covered by the regular monthly tuition fee. With the exception (such as in the month of June and December) when the day was not covered in paid prorated monthly tuition; a flat fee of \$120.00 per day (Kindergarten-8th Grade) will be applied for student who wishes to come to those days when GGLC opens from 8:30 am to 6:00 pm. (for g.g.l.c afterschool students only)

**Supply Fee**

Parent(s) agree to pay a non-refundable supply fee of \$35.00 per student each month (for Initial all full time and part-time students).

**Registration Fee**

A non-refundable \$100 registration fee per student is due with registration for all new students. (Note: registration fee for siblings is waived).

**Late Pick Up Fees**

Parent(s) agree to pay a late fee of \$1.00 for every minute after 6:00 pm. We appreciate parents to calling when they anticipate late pick-ups. However, late fees will not be waived because parents' calling in.

**3. Parent(s) agree and promise to follow all of the registration and tuition policies, terms and conditions of GGLC.**

**4. Modification Conditions**

GGLC reserves the right to change tuition at any time. A written notice of any rate change will be made available thirty (30) calendar days prior to the effective date of the change.

**5. Parent/Student Handbook**

GGLC advises parent(s) to read and understand the policies and procedures outlined in GGLC Parent/Student Handbook. Parent(s) agrees to comply with the policies and procedures, as well as the terms and conditions specified within the Parent/Student Handbook. This Parent/Student Handbook will be made available in the front desk bulletin board or GGLC will send electronic copy upon parent(s) request.

**6. Entire Agreement**

No waiver of modification of this agreement shall be binding upon the parties unless it is in writing and signed by all parties to this agreement. There are no other oral agreements or representations that are not contained in this agreement and any oral evidence of the same shall not be admissible in any civil action or proceeding. This agreement shall be binding on and inure to the benefit of the respective parties, their heirs, legal representatives, successors, and assigns.

Accepted by:

\_\_\_\_\_  
Parent/Guardian signature Print full name Date  
Accepted by:

\_\_\_\_\_  
Parent/Guardian signature Print full name Date  
Accepted by:

\_\_\_\_\_  
Administrator's signature Date

**Waiver and Release of Liability Form**

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 are 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 persons' 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: \_\_\_\_\_