



Summer Program Agreement

Parent/Guardian Information

Names: _____ Mother Father Guardian
 _____ Mother Father Guardian

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Mobile: _____ Email: _____

How did you hear about us? _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Mobile: _____ Email: _____

Student Information

Name: _____ Male Female

Birth Date: MM / DD / YY _____ Grade Level: _____ School: _____

Other: Allergies _____ Anxiety _____ Medical _____
 Dietary Restrictions _____ Other _____

Enrollment


Please indicate the week(s) you would like to attend and which program(s) you would like your child to participate in.

½ Day \$ 399 Per Week / Full Day \$499 Per Week



Eye Level (5-9 years old) 9am – 12pm



- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 6/30 – 7/3 | <input type="checkbox"/> 7/7 – 7/11 | <input type="checkbox"/> 7/14 – 7/18 |
| <input type="checkbox"/> 7/21 – 7/25 | <input type="checkbox"/> 7/28 – 8/1 | <input type="checkbox"/> 8/4 – 8/8 |
| <input type="checkbox"/> 8/11 – 8/15 | <input type="checkbox"/> 8/18 – 8/22 | <input type="checkbox"/> 8/25 – 8/29 |




(5-9 years old) 1pm – 4pm

- | | | |
|--|--|---|
| <input type="checkbox"/> 6/30 – 7/3
Artist's Studio | <input type="checkbox"/> 7/7 – 7/11
Trip around the World | <input type="checkbox"/> 7/14 – 7/18
Natural Science |
| <input type="checkbox"/> 7/21 – 7/25
Zoology: <i>Genus or Genius?</i> | <input type="checkbox"/> 7/28 – 8/1
Lost in Space | <input type="checkbox"/> 8/4 – 8/8
Anatomy: <i>Body Language</i> |
| <input type="checkbox"/> 8/11 – 8/15
Dinosaurs -
<i>Young Scientist, Old Bones</i> | <input type="checkbox"/> 8/18 – 8/22
Earth Science | <input type="checkbox"/> 8/25 – 8/29
Entrepreneurship |

Payment Information:



Expiration: CVV Code:

I/We agree to pay the following:

Tuition Fees based on "Enrollment Options" identified on the preceding page of this agreement. The total amount due for the options selected: \$ _____

Name on Card: _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

I/We understand that we are obligated to pay the amounts indicated in this agreement regardless of whether the Student attends/completes the FasTrackKids program. Furthermore, I/We authorize Get Smart BK LLC to charge the above referenced credit card according to the Enrollment Option selected.

Authorized Signature: _____ Date: _____

Terms & Conditions:

Fee Collection: The Responsible Parent agrees to immediately notify FasTrackKids® of any changes to credit card or billing information. Should the payments be interrupted or delayed, FasTrackKids® reserves the right to refer the matter to a collection agency.

Cancellation and Refunds: No refunds will be issued for early withdrawal or dismissal due to absences for any reason, including but not limited to sickness, power failures, weather, or any unforeseeable events outside the control of Get Smart BK, LLC. If participants leave camp early for any reason, the tuition is not prorated and no refund will be issued, including partial refunds.

Balance payments, less than the non-refundable deposit, are refundable up until 1 week prior to the start of the confirmed camp week/session. No refund will be issued for cancellations or withdrawals within 1 week of the start of confirmed camp week/session.

Agreement of Terms and Conditions: By signing here, I understand and agree to all of the terms and conditions in this agreement. I agree to allow my child to participate in all programs and allow the use of any photographs or video for future publicity materials unless otherwise specified. I understand that by signing this agreement, I authorize Get Smart BK, LLC, its representatives, teachers, and staff to make all necessary emergency decisions, including decisions regarding medical treatment, when I or the persons I have designated cannot be contacted. I also acknowledge that I have received a copy of this agreement and I am an authorized representative of the above-named child.

Disruptive Behavior: Unruly or otherwise disruptive behavior, or any violation of Center rules or policies, may result in suspension or termination of membership by FasTrackKids.

Disclaimer: To the fullest extent allowed under law, the class participant parent/guardian agrees that Get Smart BK LLC is not subject to any claim, loss, demand or damages whatsoever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of Get Smart BK LLC, its officers, agents, employees or owners. The class participant parent/guardian further agrees that Get Smart BK LLC is not liable for any injuries, illnesses, medical conditions, expenses, judgments or damages to anyone on the Get Smart BK LLC premises, or their property and does hereby expressly forever release and discharge Get Smart BK LLC, its officers, employees, agents, successors and owners from all such claims, demands, injuries, damages, actions or causes of action. This includes attorneys' fees and court costs resulting from exposure of the class participant to any illness or disease while in the Get Smart BK LLC facility or any illness or injury resulting there from.

The class participant parent/guardian agrees that he/she or authorized caregiver shall remain on the FasTrackKids® premises to directly supervise their children and be responsible for their safety at all times in the common hallways, lounge, classrooms and restroom facilities, unless otherwise agreed to by FasTrackKids®. The class participant parent/guardian agrees to assume all risks should they or the authorized caregiver leave the premises.

Emergencies: The class participant parent/guardian understands that in the event of an emergency, FasTrackKids® personnel will use their best judgment and efforts to contact the member, emergency contact number on file or authorized caregiver. Get Smart BK LLC is hereby released for all liability from calling emergency medical care, should Get Smart BK LLC personnel be unable to reach the member or authorized caregiver within a reasonable amount of time. The class participant acknowledges that Get Smart BK LLC does not have a medical staff on the premises and cannot provide emergency or other treatment.

Photo Release: I do hereby give Get Smart BK LLC, its assigns, licensees, and legal representatives the irrevocable right to use the picture, portrait or photograph of myself or the undersigned minor children, in all forms and media and in all manners, including composite, for advertising, for publication, for websites and or any other lawful purposes. I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith. Names are never used. I have read this release of liability and fully understand its terms. I sign this freely and voluntarily without any inducement.

Parent Signature: _____ Date: _____