



Homework Club Registration Form

Family Name: _____

Date: ____/____/____

Child Information

Last Name	First Name	Gender	Date of Birth	Grade 9/17
		M F	/ /	
		M F	/ /	
		M F	/ /	
		M F	/ /	

Please indicate any allergies, disabilities or medications here (include name): _____

Family Information

Address: _____ **City:** _____

Home Phone: () - _____ **State:** _____ **Zip Code:** _____

Enrollment Information

Location					
<input type="checkbox"/> Williamsburg	<input type="checkbox"/> Park Slope	<input type="checkbox"/> Dyker Heights	<input type="checkbox"/> Grasmere	<input type="checkbox"/> Willowbrook	<input type="checkbox"/> Charleston
Program					
	1 Day	2 Days	3 Days	4 Days	5 Days
1 Hr/Day	<input type="checkbox"/> \$149/month <i>1 Hr/Wk - \$37.25/Hr</i>	<input type="checkbox"/> \$229/month <i>2 Hrs/Wk - \$28.63/Hr</i>	<input type="checkbox"/> \$279/month <i>3 Hrs/Wk - \$23.25/Hr</i>	<input type="checkbox"/> \$299/month <i>4 Hrs/Wk - \$18.69/Hr</i>	<input type="checkbox"/> \$359/month <i>5 Hrs/Wk - \$17.95/Hr</i>
2 Hrs/Day	<input type="checkbox"/> \$229/month <i>2 Hrs/Wk - \$28.63/Hr</i>	<input type="checkbox"/> \$299/month <i>4 Hrs/Wk - \$18.69/Hr</i>	<input type="checkbox"/> \$419/month <i>6 Hrs/Wk - \$17.46/Hr</i>	<input type="checkbox"/> \$499/month <i>8 Hrs/Wk - \$15.59/Hr</i>	<input type="checkbox"/> \$559/month <i>10 Hrs/Wk \$13.98/Hr</i>
3 Hrs/Day	<input type="checkbox"/> \$279/month <i>3 Hrs/Wk - \$23.25/Hr</i>	<input type="checkbox"/> \$419/month <i>6 Hrs/Wk - \$17.46/Hr</i>	<input type="checkbox"/> \$529/month <i>9 Hrs/Wk - \$14.69/Hr</i>	<input type="checkbox"/> \$649/month <i>12 Hrs/Wk \$13.52/Hr</i>	<input type="checkbox"/> \$799/month <i>15 Hrs/Wk \$13.32/Hr</i>
School Pick Up					
<input type="checkbox"/> \$50/month			Location: _____		
Days					
<input type="checkbox"/> Monday <small>(Brooklyn Only)</small>	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <small>(Staten Island Only)</small>	
Notes					



Guardian Information

Full Name	Relationship	Cell Phone #	Email Address
		() -	
		() -	

Emergency Contacts & Authorized Pickups

Full Name	Relationship	Contact #	Authorized to Pickup?
		() -	Yes / No
		() -	Yes / No
		() -	Yes / No
		() -	Yes / No
		() -	Yes / No
		() -	Yes / No

Terms & Conditions

- I agree to immediately notify the FasTrackKids Authorized Licensee of any changes to credit card or billing information. Should the payments be interrupted or delayed, the FasTrackKids Authorized Licensee reserves the right to refer the matter to a collections agency.
- 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 the FasTrackKids Authorized Licensee. If participants do not attend sessions for any reason, the tuition is not prorated and no refund will be issued. I give the FasTrackKids Authorized Licensee the right to bill my credit card regardless of whether the student attends the program.
- Unruly or otherwise disruptive behavior may result in suspension or termination or expulsion of the student. The FasTrackKids Authorized Licensee reserves the right to suspend and/or expel any camper without refund.
- 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 the FasTrackKids Authorized Licensee and 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.
- To the fullest extent allowed under law, the class participant parent/guardian agrees that the FasTrackKids Authorized Licensee 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 the FasTrackKids Authorized Licensee, its officers, agents, employees, or owners. The class participant parent/guardian further agrees that the FasTrackKids Authorized Licensee is not liable for any injuries, illnesses, medical conditions, expenses, judgements, or damages to anyone on the premises, or their property, and does hereby expressly forever release and discharge the FasTrackKids Authorized Licensee and 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 FasTrackKids facility or any illness or injury resulting therefrom.
- 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.
- The class participant understands that in the event of an emergency, the FasTrackKids personnel will use their best judgement and efforts to contact the member, emergency contact number on file or authorized caregiver. The FasTrackKids Authorized Licensee is hereby released from all liability from calling emergency medical care, should the FasTrackKids Authorized Licensee be unable to reach the member or authorized caregiver within a reasonable amount of time. The class participant acknowledges that FasTrackKids does not have a medical staff on the premises and cannot provide medical treatment.
- By signing this agreement I do hereby give FasTrackKids 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 purpose. I wave any right to inspection or approval of the finished product, including written copy, which may be created in connection therewith.

By signing here, I understand and agree to all of the terms and conditions listed above and that I am an authorized representative of the above-named child. I sign this freely and voluntarily without any inducement.

Signature: _____ Date: ____/____/____

Office Use Only			
Registration Fee	\$ 50		
Total Monthly Fee	\$		