

Enrollment Form (1 per child)

I request enrollment of my child at MegaMind Studio 2019 Summer Camp.
MMS reserves the right to refuse or discontinue the student's enrollment at any time.
Your child is considered enrolled once we accept him/her **and** receive your payment.
Please make checks payable to MegaMind Studio and mail them to the address above.
Pick up is by 6pm. Late pick up fee: \$10 per minute to be paid at the time.

Check one or more weeks:

- week 1: June 24-28 (shorter week; fees: math/art \$250 AM \$250 PM, or \$450 both/w)
- week 2: July 1-3
- week 3: July 8-12
- week 4: July 15-19
- week 5: July 22-26
- week 6: July 29 - Aug 2
- week 7: Aug 5-9

Check a program:

- | | Amount |
|--|--------|
| <input type="checkbox"/> full day weekly rate (9am-6pm) _____ | \$500 |
| <input type="checkbox"/> full day drop-in (9am-6pm) _____ | \$110 |
| <input type="checkbox"/> AM Math/Games (9am-12pm) _____ | \$50 |
| <input type="checkbox"/> PM Art/Creation (1pm-4pm) _____ | \$50 |
| <input type="checkbox"/> lunch hour (12pm-1pm) _____ | \$10 |
| <input type="checkbox"/> late PM (4pm-6pm) _____ | \$20 |
| <input type="checkbox"/> Other combination. Please specify: _____ | |
| <input type="checkbox"/> Sub-total _____ | |
| <input type="checkbox"/> Sibling discount: 10% name of sibling enrolled: _____ | -\$ |

Total

How did you hear about MMS Summer camp? _____

Who should we thank for your enrollment? _____

Student's English Name _____

Student's Chinese Name _____

Date of Birth _____ Gender _____

School _____ Incoming Grade _____

Child lives with Mom Dad Other _____

Parent/Guardian 1 _____

Relationship _____ email _____

Home Address _____ City _____ ZIP _____

Home Phone (_____) _____ Mobile (_____) _____

Work Phone (_____) _____ Employer _____

Parent/Guardian 2 _____ Relationship _____

Home Address _____ City _____ ZIP _____

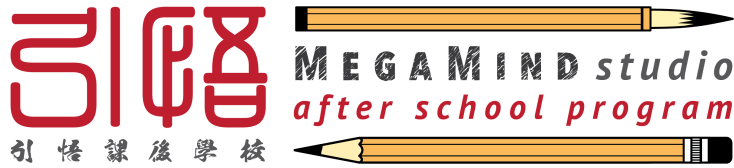
Home Phone (_____) _____ Mobile (_____) _____

Work Phone (_____) _____ Employer _____

Relationship _____ email _____

Signature

Today's Date



5-43rd Ave
San Mateo CA 94403
650 212-7550 / 415 595-4829
amy@megamindstudio.org

Emergency Contact Information

Student's English Name _____

Student's Chinese Name _____

Date of Birth _____ Gender _____ Grade _____

Parent/Guardian Name (print) _____ Relationship _____

Home Address _____ City _____ ZIP _____

Home Phone (_____) _____ Mobile (_____) _____

Work Phone (_____) _____ Employer _____

Parent/Guardian Name (print) _____ Relationship _____

Home Address _____ City _____ ZIP _____

Home Phone (_____) _____ Mobile (_____) _____

Work Phone (_____) _____ Employer _____

Child lives with Mom Dad Other _____

In case of emergency please contact:

Name _____ Phone (_____) _____ Relationship _____

Name _____ Phone (_____) _____ Relationship _____

Name _____ Phone (_____) _____ Relationship _____

Does your child have health coverage? ___ Yes ___ No

Medical Insurance _____ Primary Insured's Name _____

Policy # _____ Group # _____

Name of Child's Doctor _____ Phone (_____) _____

Medical History that may be of importance

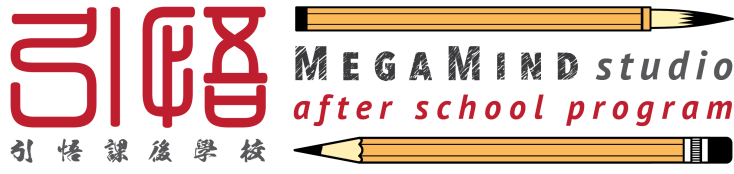
Allergies or other medical conditions _____

Medication Student is taking _____

I authorize After School Program Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child during the After School Program.

Parent/Guardian Signature

Today's Date



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Release of Liability

I understand the nature of the after school program and that participation is voluntary. I understand that MegaMind Studio is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the after school program. I hereby release and discharge the MegaMind Studio and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss or damage as a result of after school program activities.

Parent/Guardian Signature

Today's Date

Photo/Video Release

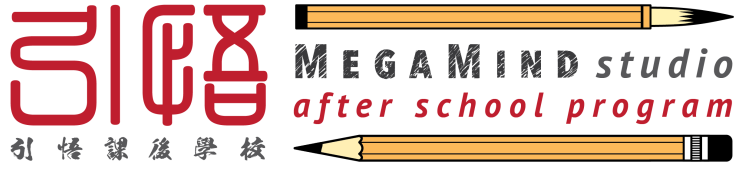
During your child's attendance in the After School Program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

My child may may not be photographed/videotaped by the After School program for promotional purposes.

I authorize MMS or any third party it has approved to photograph or videotape my child during After School program activities and to edit or use any photographs or recordings at the sole discretion of MMS. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless MMS and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

Parent/Guardian Signature

Today's Date



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Student Release / Pick up Policy

As parent/guardian, I understand that the After School Program will begin immediately after school is out and will end by 6:00 p.m. Students will not be released to go home from the After School Program until they are signed out by the parent/guardian or one of the individuals listed below:

Parent/Guardian/Caretaker Signature

Date

Names of persons authorized to take child from the program:

Name	Relationship	Phone #
_____	Mother (if authorized)	_____
_____	Father (if authorized)	_____

REMEMBER: Please pick up your child on time. The program ends by 6:00 p.m. Please be prompt, as teachers have other obligations after 6pm. **Late pickups will incur in \$10/minute fee to be paid at the time.** If students are not picked up by 6:00 p.m., After School Program staff are required by law to report to Child Protective or law enforcement. Please note: Three instances of tardiness in picking up your child will result in his/her dismissal from the program.

Emergency Contact Card

Student's Name: Last	First	Middle	Gender
Student's Chinese: Last	First	Middle	
Address	City	Zip	Home Phone No.
Student's School	Homeroom Teacher	Grade	Birthdate
Mother's Name/Guardian	Address (if different)	Phone	Guardian Relationship
Mother's Occupation/Employer	eMail	Cell Phone	
Farther's Name/Guardian	Address (if different)	Phone	Guardian Relationship
Farther's Occupation/Employer	eMail	Cell Phone	
(1) Approved Pick-up / contact adult	Address	Phone	Relationship
(2)			
(3)			
(4)			
(5)			
It is the responsibility of the Parent or Guardian to inform Megamind of address or phone number changes	Signature of Parent or Guardian	Date	