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OFFICE USE	Date _____ / _____ / _____
Registered By: _____	Full Year Fee \$ _____
	Deposit \$ _____
	Balance \$ _____
	REGISTRATION FEE \$50

AFTER SCHOOL PROGRAM REGISTRATION FORM

Family Name	Child's Name	Sex	Date of Birth	Grade in 9/19	School

Address _____ Apt # _____ Home Tel # (_____) _____ - _____
 City _____ State _____ Zip _____

Mother's Name _____ Work Tel # (_____) _____ - _____
 Cellular Tel # (_____) _____ - _____

Father's Name _____ Work Tel # (_____) _____ - _____
 Cellular Tel # (_____) _____ - _____

E-mail: _____

Does your child(ren) have an Individualized Educational Plan (IEP)? Yes No

Does your child(ren) have any emotional or physical limitations that would prohibit him/her from participating in any activities? Yes No

SCHEDULE AND PAYMENT OPTIONS

Days Per Week	5	4
Payment Option	\$650 per month	\$600 per month

***** All prices are calculated based on the number of school days in a year and are adjusted for holidays and other closings. Winter and Spring Break Camps ARE INCLUDED *****

BUS TRANSPORTATION

Bus transportation from school to our After School Program is included in your tuition.

If your child/children are being met and picked up at Wiz Kids Center, please indicate **ALL** persons authorized to do so.

NO CHILDREN WILL BE RELEASED TO ANYONE NOT APPEARING ON THIS LIST WITHOUT PRIOR NOTIFICATION TO THE WIZ KIDS LEARNING CENTER OFFICE!

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>

EMERGENCY INFORMATION

Does your child have any physical or emotional limitations that would prohibit him/her from participating in any after school activities? If **YES**, please explain:

Is your child currently taking any medications? If **YES**, please indicate type of medication, the reason for the medication and how it is taken:

In the event of an emergency, please indicate the person(s) whom you would like contact:

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>

PAYMENT

Full Tuition for the school-year is \$6,500.00 for the 5 days a week (see page 1 for more options) program which is payable upfront or monthly payments of \$650.00. Please refer to the fee section for alternate program options. If any discount is extended on the basis of upfront payment of Full Tuition, such discount will not apply and will be waived in the event that you or your child choose early termination of your child(ren)'s attendance in the After School Program.

AGREEMENT

Carefully read the following agreement and sign at the bottom. No unsigned applications will be accepted. I understand that a non-refundable deposit equal to one month's fee is required upon registration. I also understand that the payment for September 2019 is due prior to the first day of the After School Program. Failure to pay monthly fees by the first of the month may result in your child being terminated from the After School Program. I understand that if at any time during the academic year I decide to withdraw my child from the After School Program, I am subject to the loss of my non-refundable deposit. I understand that, if any discount is extended on the basis of upfront payment of Full Tuition, such discount will not apply and will be waived in the event that you or your child choose early termination of your child's (children's) attendance in the After School Program. The Wiz Kids Learning Center After School Program reserves the right, after due notification to the parent of guardian, to expel any participant from the program if he/she fails to comply with the rules and regulations of the program. Refunds, if any, will be at the sole discretion of Wiz Kids Learning Center. I agree to allow my child to participate in all programs, which are part of the After School Program. I further allow the use of any photographs of my children to be used in future publicity materials.

Signature of Parent or Guardian: _____

WATER PLAY PERMISSION

Wiz Kids Learning Center has many activities involving water throughout the year.

Upon signing this form you agree to permit your child, _____
to participate in water activities.

I approve

I do not approve

Parent/Guardian Signature: _____ Date ____ / ____ / ____

WAIVER

I hereby give my permission for my child to participate in all programs, swimming activities and trips. I understand and fully recognize that risks are involved, and I hereby release the Wiz Kids Learning Center or any of its sponsors, benefactors, or employees from any liability arising out of any injury to my child in the event of a medical emergency or surgical emergency. I do hereby give authority to the after school program and staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I grant permission to the physician designated by the Wiz Kids Learning Center to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child. Furthermore, I understand that payment for medical services is solely the family's responsibility. I hereby give permission to the Wiz Kids Learning Center to take photographs of me and/or my child to be shown in a video, brochure, advertisement, or internet display for purposes of promoting interest in the Wiz Kids Learning Center. I release the Wiz Kids Learning Center from any claims resulting from the pictures take on, before, or after the date of this communication. I do hereby give permission for my child to participate in all camp activities, including off-ground activities. I authorize the Wiz Kids Learning Center to act as a parent surrogate on my behalf. I realize that itineraries and/or programs are subject to change prior to, and during, the school year. I have read the terms of enrollment and agree to abide by them.

I allow my child to take transportation provided by Wiz Kid Learning Center from my child's school to Wiz Kids Learning Center facility.

Signature of Parent or Guardian: _____

DECLARATION

The Student (if minor, parent or guardian) recognizes the fact that there is a certain element of risk inherent in the course he/she is about to undertake and the activities while he/she will perform in relation thereto and knowing this, hereby assumes all risk. The students also declare that he/she has supplied all the relevant detail regarding the health to Wiz Kids Learning Center Instructors. Further, the student hereby releases, dismisses, and forever discharges the aforementioned parties in paragraph 5(five) relating to the activity engaged in from and liability for injuries, illness, damage, loss of life or physical defect which may result from the student engaging in this course. The student hereby agrees to refrain from instituting, pressing or in any aiding any claim, demand or cause of action for damages, costs, loss of service, expenses or compensation for or on account of any such injuries. The student has read, understood and is in agreement with the training release and also hereby agrees to abide by the rules of Wiz Kids Learning Center.

Disrespect to instructors, disrespect to the school or breaking the rules of the school will result in the student being expelled along with loss of membership.

I am of lawful age and legally competent to sign this affirmation, waiver and release. I have carefully read this document and agree to all terms. I further affirm that I have signed this document of my own free will and am fully aware that this is a release of liability.

Applicant's Signature _____ **Date** ____ / ____ / ____

Parent/Guardian Signature _____ **Relationship** _____

Date ____ / ____ / ____