



# OUTSHINE EDUCATION CENTER

New Registration Sign up

## STUDENT & PARENT INFORMATION

Student Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Class Choice:	Current School:	Student Grade:
School Dismissal Time (Regular days):	School Dismissal Time (Half days):	Note:
Parent Name:	Parent Email:	Emergency Contact: Name: Phone:
Allergy or Health Concerns:	Special Notes:	

## REFUNDS

Withdrawals/Refund: No refunds are given for the current month for any scheduled classes, programs, sessions, or tuition. However, at Outshine's discretion, Outshine may prorate future months and return the unused portion as a refund. Please note that if a parent received a discount for any or all services, these discounts are deducted from any potential return from the moment of the payment of concern billed (the payment for which a refund may be given). Refund requests must be made in writing. No refunds are given for events that out of Outshine control (flood, fire, electrical outage, etc.). No credits or refunds are given for missed class(es), session(s), or any other service(s).

## INDEMNITY, RELEASE, WAIVER AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE AGREEMENT

By signing I (the parent or guardian) declare: I request that the applicant(s) listed above be permitted to participate in Outshine Education Center program(s). I affirm that if the applicant listed above receives first aid, or gets medical attention by a licensed physician, or is admitted to a hospital, that I will NOT hold Outshine Education Center, its officers, employees/staffs, agents, contractors, and volunteers liable for medical aid rendered, and I will not hold them liable for any costs. In the event Outshine incurs expenses of any kind for any such medical services, I will reimburse Outshine within three (3) months after such expense has occurred. I agree to release, indemnify, defend, and hold Outshine Education Center, its officers, employees, agents, contractors and volunteers harmless and free from any and all liability resulting directly or indirectly from participation in the(se) program(s), including but not limit to liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorneys' fees, of whatever nature, for injury or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program(s). I have carefully read this Indemnity,

Initial (1/3): \_\_\_\_\_

Release, Waiver and Authorization for Emergency Medical Care Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will.

Photo and Video: I give permission for Outshine to take photographs of my family or my child's which can be used by Outshine Education Center on its websites and for any Outshine Education Center related publicity, including print and broadcast media.

## POLICIES AND PROCEDURES

1. I understand that the weekly tuition is due on Monday of each week. I understand that the monthly tuition is due by the 1st of each month. A \$25.00 late fee will be charged to my account if tuition is not received by Monday.
2. I understand that monthly tuition must be paid by the 5th of each month. A \$25.00 late fee will be charged to my account if tuition is not received by the 5th of each month.
3. I understand that Outshine Education Center reserves the right to (a) close the school, revise the school calendar, and determine instructional times, schedules, and methodologies and (b) determine staffing needs and modify faculty and staff schedules and responsibilities and/or terminate its services.
4. I understand that it is my responsibility to notify Outshine Staff upon arrival if my child is on medication or has received immunizations or allergy tests within the last 24 hours.
5. I understand that I am required by California State Law to sign my child in and out of school each day. Outshine hours of operation are 8:30am-6:00pm.
6. I understand that Outshine does not dispense any medications (except asthma inhalers & EpiPens).
7. I understand that all fees are nonrefundable.
8. If I choose to withdraw my child (herein including child under my care) from Outshine and want to guarantee my child's enrollment for a Summer or Fall start date, I may pay a nonrefundable Registration Guarantee Placement Fee (GPF) of \$150, plus applicable Materials Fee(s), and the first month's tuition. GPF is nonrefundable and not credited towards tuition.
9. I understand that I am liable for all returned checks resulting in bank charges and will pay Outshine for any costs they incur from my returned checks. In addition to the bank fee, I understand Outshine may charge me a \$25 processing fee for each returned check.
10. I understand that Outshine will be closed on Labor Day, Veteran's Day, Thanksgiving, Winter Break, MLK Day, President's Day, Winter In-Service, Spring In-Service, Memorial Day, Summer In-Service, Independence Day, and Fall In-Service. Outshine may be closed on other days as well.
11. I understand that tuition payment(s) (whether weekly or monthly) are due and to be paid regardless of the number of days I plan to attend in that time, the number of weeks in the month, or any absence(s) for any reason I may cause or allow. Children, who miss a scheduled day, are not permitted to make them up on another day and no credit will be given for missed sessions.
12. I understand that Outshine encourages students to play outside and participate in activities. Outshine does not take responsibility for stained or damaged clothes and shoes or losses of the same.

Initial (2/3): \_\_\_\_\_

14. I understand that in order to protect the safety and wellbeing of children, staff and parents at Outshine, that I will not bring my child to attend Outshine if my child has any of the following conditions, situations, or symptoms: temperature over 101 degrees Fahrenheit, diarrhea, vomiting, jaundice, sore throat with fever, or chills.

15. I understand that, in general, no credit or refund is given for missed lessons. However, if I miss a lesson Outshine at its discretion may approve the missed session(s) if my child is sick and was absent from their school on the same day. I will ask but not require Outshine for approval to make up that lesson.

16. I understand that NO CREDIT will be given for picking of my children early.

Parent/Guardian Role (e.g., mother, father): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Initial (3/3): \_\_\_\_\_