

REGISTRATION AND ENROLLMENT AGREEMENT

I, _____, agree to the enrollment of my child,
_____, in the ThinkingCAP Afterschool Program upon the
following express terms and conditions:

1. WITHDRAWAL/CHANGES:

- A. In all cases of withdrawal before or after the start of Afterschool Program, a one-time \$50 service fee will be charged per refund. For all credit card transactions, an additional five percent charge will be applied per refund. Refunds will only be made to the credit card used for the initial transaction. Please allow up to 30 days to receive a refund. If tuition was initially paid by cash or check, refund money will only be returned via check.
- B. In all cases of withdrawal before the start of after school, with written notice, a full refund shall be made except the registration fee.
- C. No refund after 2 weeks of the after school starting date.
- D. A one-time \$50 service fee will be charged for each program change.
- E. It is understood that no fee deductions are to be made, or credits allowed for absence or withdrawal on account of illness or any cause whatsoever, except as herein above stated.

_____ (initial)

2. PHOTO/DIGITAL MEDIA RELEASE:

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of said child or ward while participating in activities sponsored by ThinkingCAP, to be used, distributed, or shown as ThinkingCAP sees fit. _____ (initial)

3. MEDICAL FORMS:

I agree to have my child examined by a physician and to submit a health certificate (supplied by ThinkingCAP) before entering the child in After School Program, meeting the requirements set forth by the New York City Department of Health. No child will be allowed to begin the After School Program without a health certificate. Failure to comply may result in the temporary suspension or removal of your child from the program.

_____ (initial)

- 4. If ThinkingCAP determines that services cannot be provided as a result of an act of nature, a local or national emergency, or any conditions that in the opinion of ThinkingCAP jeopardizes the safety of the children, no compensation or make-up days will be provided. ThinkingCAP reserves the right to cancel or alter programs and/or fees as necessary. _____ (initial)

- 5. I understand that ThinkingCAP reserves the right to disenroll, without refund, any child who poses a constant disciplinary problem, jeopardizes the safety of him/herself or any children in the program or who is otherwise disruptive to the program.
_____ (initial)

6. My son or daughter has my permission to participate in the ThinkingCAP Afterschool Program. I give my permission for my child to take part in outdoor activities. I understand that children are required to wear ThinkingCAP shirt every day of after school.
_____ (initial)
7. I understand that my child cannot begin the program until all completed paperwork is received by ThinkingCAP and balances are paid in full. _____ (initial)
8. I do hereby hold harmless ThinkingCAP, employees or agents of said organization, for any bodily injury, illness or disease, or for loss or damage to any property or appliance of said child or ward. I assume the risk and financial responsibility for any injury or liability resulting from his/her participation. _____ (initial)
9. Any handheld games, IPod, IPad, MP3, cell phones, etc. that are brought into Afterschool are at students' own risk. NO responsibility for its safety from loss.
_____ (initial)
10. In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event I cannot be reached, I hereby give permission to secure proper treatment for my child. The undersigned shall be liable and agrees to pay all cost and expenses incurred in connection with such medical and dental services rendered to him/her. _____ (initial)
11. I agree that should my child require medical attention during after school hours while in custody of ThinkingCAP, the Director is authorized to seek such medical or health related attention that he/she deems necessary. _____ (initial)
12. I agree to bear responsibility for notifying ThinkingCAP of any changes in contact information. _____ (initial)

I acknowledge that I have received and read my personal copy of ThinkingCAP Registration and Enrollment Agreement. I understand and agree that I am responsible for adhering to content of this agreement.

Child's Name

Parent/Guardian's Name (Print)

Parent/Guardian's Signature

Date