

COLLEGE BOUND FOR KIDS *SESSION SIGN-UP FORM*

Child 1: _____

Age: _____ Upcoming Grade: _____ School: _____

Child 2: _____

Age: _____ Upcoming Grade: _____ School: _____

Mother's Name: _____

Phone #: _____ Cell #: _____

Father's Name: _____

Phone #: _____ Cell #: _____

Camp Shirt Sizes: **YOUTH** Small Medium Large **ADULT** Small Medium Large XL XXL

How did you hear about the program?

- College Bound For Kids returning student
 The Study Institute returning student
 College Bound For Kids' ad/flyer
 The Study Institute's ad/flyer
 Referral (Please list the name of the person who referred you & what camp they attended): _____

Please check the sessions you are signing up for:

Please check the sessions you are signing up for:						CHOOSE A LOCATION		For Office Use Only		
	Grade Level	Major Field Trip	Weekly Fee	Additional Trip Fee	Weekly Total	West LA	OWMS	Ck #	Pymt Received	Amount Received
Week 1: June 27 - July 1	K - 9th	John's Incredible Pizza	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
Week 2 July 5 - July 8	K - 4th	Raging Waters	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
	5th - 9th	Raging Waters	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
Week 3 July 11 - July 15	K - 4th	Discovery Science Center	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
	5th - 9th	Universal Studios	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
KID SCIENCE CAMP	K-9th	<i>Discovery Science Center or Universal</i>	\$215	\$0	\$215	<input type="checkbox"/>	<input type="checkbox"/>			
Week 4 July 18 - July 22	K - 4th	Boomers Fun Center	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
	5th - 9th	Boomers Fun Center	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
Week 5 July 25 - 29	K - 4th	Wild Rivers	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
	5th - 9th	Wild Rivers	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
SUMMER OLYMPICS CAMP	K - 9th	Wild Rivers	\$230	\$0	\$230	<input type="checkbox"/>	<input type="checkbox"/>			
Week 6 August 1 - 5	K - 4th	Knotts Berry Farm	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
	5th - 9th	Knotts Berry Farm	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
SUMMER OLYMPICS CAMP	K - 9th	Knotts Berry Farm	\$230	\$0	\$230	<input type="checkbox"/>	<input type="checkbox"/>			
Week 7 August 8 - August 12	K- 2nd	Adventure City	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
	3rd - 9th	Knotts Soak City	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
Week 8 August 15 - August 19	K - 4th	Magic Mountain	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
	5th - 9th	Magic Mountain	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
Week 9 August 22 - August 26	K - 4th	Hurricane Harbor	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
	5th - 9th	Hurricane Harbor	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
Week 10 August 29 - September 2	K - 4th	Golf N' Stuff/ CBFK Picnic	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
	5th - 9th	Golf N' Stuff/ CBFK Picnic	\$165	\$25	\$190	<input type="checkbox"/>	<input type="checkbox"/>			
TOTALS						<input type="checkbox"/>	<input type="checkbox"/>			

West LA
CLOSED

College Bound for Kids Release/ Registration Form

Child's Name: _____ Upcoming Grade: _____ School: _____

Release Information:

Who will be responsible for picking up the child? _____

Alternate person(s) authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Please list any other family members who participate in the program:

Release of Liability

I hereby release and hold harmless College Bound for Kids, its agents, employees, officers, directors, sponsoring groups or agencies from any and all liability which may result from my child's participation in the program. I understand that payments are due in full on the 1st of the month or by the 1st day of each week, and I have seen the payment schedule for late payments. I am also aware of the \$40 additional fee for any returned checks. If my child cannot conform to the structure of the program, I will be asked to remove him/her from the program and will not be issued a refund. College Bound for Kids has a NO REFUND POLICY; there will be no exceptions. We do not give credit or make-up days for your child's absence. Parents are responsible for the entire monthly/weekly fees regardless of holidays, absences, vacations or payments made by third parties. CBFK is not responsible for lost or stolen items.

Signature of Parent/Guardian

Date

CBFK staff has permission to take whatever steps they deem appropriate to obtain medical care for our child in the event of illness, accident, or injury. In this connection, we understand that they will attempt to contact us and that, if they find it necessary, they will call the child's doctor, or another doctor, call an ambulance, or have our child taken to a hospital in the company of a staff member, as they deem appropriate. We, the parents/guardians agree to be responsible for any expenses incurred in obtaining such medical care, and we hereby release College Bound for Kids from all liability in connection with their actions pursuant to authorization.

Signature of Parent/Guardian

Date

Parent Consent Release forms

CBFK staff has permission to access my child's homework/report cards/class schedules, grades/test scores and/or conference with teachers to better support his/her academic achievement.

Signature of Parent/Guardian

Date

Photography

I authorize College Bound for Kids to use my child's photograph and/or name for the purpose of advertisement, display or educational purposes.

Signature of Parent/Guardian

Date

Release without a signature – (OPTIONAL – PLEASE READ CAREFULLY)

I hereby authorize College Bound for Kids, its employees, officers, and directors to release my child without a parent/guardians signature from the program to wait outside, walk or take public transportation home. I hereby hold them harmless from any and all liability resulting from my child's dismissal from the program.

Signature of Parent/Guardian

Date

COLLEGE BOUND FOR KIDS (CBFK) - - EMERGENCY FORM

CONSENT TO TREATMENT OF MINOR AND AUTHORIZATION TO "COLLEGE BOUND FOR KIDS" TO GIVE SUCH CONSENT.

CHILD'S NAME: _____ **UPCOMING GRADE:** _____

SUMMER CAMP LOCATION: ORVILLE WRIGHT MAGNET SCHOOL WEST LOS ANGELES COLLEGE

The undersigned, as parent or legal guardian of the child registered on this form, hereby authorizes College Bound for Kids (CBFK) and its Delegated Leaders and Directors to consent to any medical and hospital care to be rendered to said Minor upon advice of a licensed Physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, College Bound for Kids will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that CBFK and its Designated Leaders and Directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent of treatment of minor is given to CBFK in connection with any authorized event.

PLEASE NOTE: College Bound for Kids does not carry accident insurance on program participants. All expenses incurred in the treatment of injury due to accidents will be the responsibility of the parent, guardian or their assigned insurance carrier.

Signature of Parent/Guardian _____ **Date:** _____

Medical Insurance Company _____ **Policy#:** _____

Family Physician: _____ **Phone:** _____

PERMISSION TO PARTICIPATE IN THE COLLEGE BOUND FOR KIDS PROGRAM

I do hereby give permission for my child, _____ to participate in the College Bound for Kids program. I understand the risk involved in respect to such program and will assume responsibility and waive all rights to any liability claim against College Bound for Kids or its agents for injuries incurred in connection with said program. I further certify that my child is in good health and may participate in said program.

Signature of Parent/Guardian: _____ **Date:** _____

EMERGENCY INFORMATION

Name of Minor: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

GUARDIAN #1: Name: _____ Drivers License #: _____

Home #: _____ Cell #: _____ Work#: _____

Email: _____ Place of Employment: _____

GUARDIAN #2: Name: _____ Drivers License #: _____

Home #: _____ Cell #: _____ Work#: _____

Email: _____ Place of Employment: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

COLLEGE BOUND Kids



3717 S. La Brea Ave., #693 Los Angeles, CA 90008 Tel: (323) 445-8285 Fax: (323) 290-2209
Website: www.collegebound4kids.org E-mail: collegebound4kids@yahoo.com

Credit Card Transaction Form

Student's Name: _____ Grade: _____ School: _____

Parent's Name: _____ Work Phone: _____ Home Phone: _____

Credit Cardholder's Information:

Charge my: Visa Mastercard Today's Date: _____

Card #: _____ / _____ / _____ Exp. Date: _____

Payment(s) for: Registration _____ Monthly/ Weekly Fee(s) _____ **Total:** _____

-- OR --

AUTOPAY- charge per month/week your child attends the CBFK program

Print Cardholder's Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax#: _____ Email: _____

***Cardholder's signature:** _____

A 3% transaction fee will apply for each transaction.
Credit Card payments can also be made via fax to (323) 290-2209.
