



SK Learning Center Summer Program **Application**

Student's Full Name: _____

Sex: _____ DOB: ___/___/___ Age: _____

School: _____ Grade: _____

Parent's or Guardian's Full Name: _____

Mobile Phone: _____ Email Address: _____

Parent's or Guardian's Full Name: _____

Mobile Phone: _____ Email Address: _____

Emergency Name(s) and Number(s): _____

Home Address: _____

Home Phone: _____

List all allergies: _____

Swim Level: Level 1 (Beginner) Level 2 (Intermediate) Level 3 (Professional)

Please nominate persons authorized by you to pick up your child:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____



In consideration of your acceptance of this application, I hereby agree that SK Learning Center and its leaders and staff shall be, to the full extent permitted by law, is released from and shall not incur any responsibility or liability whatsoever for any accident or injury sustained by my child/children included on this application or for any damage to or loss of my child's personal property. I further authorize you to obtain, at my cost, medical/ambulance assistance in the case of an accident or emergency involving any member of my family.

Childs Name: _____ Birth Date _____

Parents or Guardians Name: _____

Signature: _____

1. I give permission for my child to participate in outdoor activities, including beach, swimming, and modified sports.

Signature: _____

2. I give my permission for my child to go on excursions from the site, which includes field trips, local parks and beaches.

Yes No

Signature: _____



Photo Release Permission Slip:

As a parent or guardian of _____, I
_____ hereby consent to the use of photographs/videotapes
taken during the sessions at SK Learning Center For publicity, promotional and/or educational
purposes (including publications, presentations or broadcasts via newspaper, internet or other
media sources). I do this with full knowledge and consent and waive all claims for compensation
for use, or for damages.

Yes, I give consent for SK Learning Center to photograph my child.

No, I do not authorize SK Learning Center to photograph my child.

Parent's Name: _____

Student's Name: _____

Signature: _____

Date: _____



Credit Card

Authorization

Form

Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until canceled.

Credit Card Payments have an additional 4% surcharge added for all credit/debit cards.

4.4% Surcharge is added for all AMEX CARDS.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____
CVV/CVC:	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____ authorize SK Learning Center to charge my credit card above for agreed services if not paid by the 15th of every month. I understand that my information will be saved to file for future transactions on my account.

Customer Signature: _____ Date: _____

I have stopped services at SK Learning Center on _____ (Date)
I deauthorize the use of my credit card for services I did not receive after my stop date unless I have a current unpaid balance for services I received before my stop date.

Customer Name: _____
Customer Signature: _____



Summer Program

Daily: \$120

Trip Day: \$150

Half-Day (8AM - 2PM): \$70

(1PM - 6PM): \$70

Weekly: \$500

2 Weeks: \$1,000

4 Weeks: \$1,900

6 Weeks \$2,700

8 Weeks: \$3,400

10 Weeks: \$4,000

<u>Daily</u> Please circle selected options!	<u>Price</u>
Day - Monday / Tuesday / Thursday / Friday	\$120
Trip Day - Wednesday	\$150
Half-Day - 8AM - 2PM / 1PM - 6PM	\$70

<u>Number of Weeks</u> Please circle selected options!	<u>Price</u>
1 Week	\$500
2 Weeks	\$1,000
4 Weeks	\$1,900
6 Weeks	\$2,700
8 Weeks	\$3,400
10 Weeks	\$4,000

Dates of Chosen Weeks: _____

Start Date: _____

Parent's Signature:


