



2010/2011 REGISTRATION FORM

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____
 Age: _____ Gender: M F Date of Birth: _____ Grade Entering: _____ Child Lives With: _____
 Address: _____ City: _____ Zip Code: _____
 Home Phone Number () _____ Email: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

Parent/Guardian Name: _____ Relation to Student: _____
 Address: _____ City: _____ Zip Code: _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

PARENT/GUARDIAN 2

Parent/Guardian Name: _____ Relation to Student: _____
 Address: _____ City: _____ Zip Code: _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

PROGRAM REGISTRATION INFORMATION

2010/2011 TUITION RATES:

Please refer to 2010/2011 Tuition Schedule

OTHER FEES:

- Late Pick-Up Fee.....\$10.00 for first five minutes & \$1.00 for every minute thereafter.
- Late Payment Fee.....\$25.00
- Late Payment Re-enrollment fee...\$10.00

DISCOUNTS:

- 2nd Child.....10%
- 3rd Child.....20%
- 4th + Child.....30%
- DES.....50%
(Proof of eligibility required)

** CSA/Enrichment does not offer credits or refunds for unused days**

ENROLLMENT AGREEMENT

I hereby authorize Camelback Soccer Academy & Enrichment Club, Camelback Education, its officers, employees, or staff members to take whatever action is necessary for the health and welfare of my child including consenting on my behalf to any and all medical treatment, procedures, operations, and/or hospitalizations and I further agree to hold them harmless and indemnify them for all medical bills incurred for the treatment of my child. I hold C.S.A. & Enrichment Club, Camelback Education, its officers, employees, or staff members harmless and hereby release them from liability for any injury to my child while attending the program.

I understand that Camelback Soccer Academy & Enrichment is a drop-in program, which means that we cannot physically restrain students who choose to leave the program of their own volition.

I understand that my child's participation in the before and after school programs is a privilege and my child can be removed from the program if he/she is not complying with the CSA & Enrichment Club Character Codes.

I understand that if I fail to pay for services, or if my payment does not clear, my child will be withdrawn from the program.

Parent/Guardian Signature: _____ Date: _____

HOW TO MAKE PAYMENT

Step 1: Add total of days used dependant upon type of attendance. Multiply by rate.

Tuition: \$ _____
 Registration: + \$25.00
 TOTAL DUE \$ _____

Step 2: Select method of payment

- Cash
- Check/Money Order

FOR OFFICE USE ONLY

Voucher	
Emergency Card	
Total Paid at Registration	
DES Eligible	