

IRVINGTON ROBOTICS



Coding For All



Genius Kids

Arduino Robotics Summer Camp

Group 1 - 7-9 years old

Group 2 - 10-13 years old

Address: 46132 Warm Springs Blvd,
Fremont, CA 94539

July 8th - 19th (2 weeks)

School:

Parent/Guardian 1 Email:

Parent/Guardian 2 Email:

Rest of the Parent/Emergency contact information can be found on page three

Student Details

Name:

Date of Birth: _____ / _____ / _____

Grade: _____

Address:

Enrollment Information

Tuition	\$125.02	✓
Kit (mandatory)	\$84.98	✓
Total:	\$210.00	

Note - as stated in the following page, registration after July 3rd will result in increase of camp price to \$225.00 to pay for faster shipping

Payment Type: Check _____ PayPal _____

Check payable to Geoffrey Zhang

Paypal to (paypal.me/irvingtonrobotics) under the "Friends and Family" setting

Name on Paypal/Check:

Policies

1. All fees, and registration packet must be submitted in full by July 3rd, 2019 for regular pricing.
2. All classes are offered on a first come first serve basis subject to submission of receipt registration forms and fees.
3. Once you have selected our summer program, you have until 11:59 PM on July 3rd to request a refund. After this, all payments are nonrefundable.
4. There is no makeup for any missed classes due to illness, absences, observed holidays or any other reasons. If there is an excused absence due to emergency, material covered for that day will be given upon request.
5. A written notice is required to terminate enrollment from the summer camp.
6. Registration after the deadline, July 3rd, will result in an increase of the camp price due to the extra cost we must pay in shipping to get your equipment in time.
7. Camp fee will increase to \$225.00 if payment and registration is not turned in on time.
8. July 5th is the final non-negotiable day anyone can register for the camp.

I have read and understood the enrollment procedures, rules, and regulations made available to me by Genius Kids AfterSchool Learning Center.

I agree that the start date for my child is 07/08/19.

Yes _____

Name of Parent/ Legal Guardian:

Signature:

Date:

FOR OFFICE USE ONLY:

Approved Date:

Signature of the Officer:

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE ZIP	BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

LIC 700 (8/08)(CONFIDENTIAL)

CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Children's Residential Facilities

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

FACILITY NAME

TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

NAME

THIS CARE MAY BE GIVEN UNDER WHATEVER

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()