IRVINGTON
ROBOTICS

Coding For All

nurturekids

Arduino Robotics Summer Camp

9-13 Years Old
Address: 46517 Mission Blvd, Fremont, CA 94539
July 15-26
Monday - Friday
9AM - 1 PM

Student Details

Name:

_____

Date of Birth: _____/_____/_____

Grade:_____

Address:

_____

Enrollment Information

Tuition	$165.02	✓
Kit (mandatory)	$84.98	✓
Meal (optional)	$8/day	

School:

_____

Parent/Guardian 1 Phone #:

_____

Parent/Guardian 2 Phone #:

_____

Parent/Guardian 1 Email:

_____

Parent/Guardian 2 Email:

_____

Emergency Contact Name:

_____

Emergency Contact Phone #:

_____

How did you hear about us?

_____

Lunch Prepaid (10 days x $8/day): Yes _____ No _____

Payment Type: Check _____ Credit Card _____

Check payable to VipArya Inc.

Name on Card/ Check:

_____

Policies

1. All fees, and registration packet must be submitted in full by July 9th, 2019.
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 2nd to request a refund. After this, all payments are nonrefundable.
4. There is no makeup for any missed classes due to illness, absences, or 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.

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

I agree that the start date for my child is 7/16/19

Yes ____

Name of Parent/ Legal Guardian:

_____

Signature: Date:

_____ _____

FOR OFFICE USE ONLY:

Approved Date:

_____

Signature of the Officer:

_____

EMERGENCY IDENTIFICATION FORM

Child's Name:

LIST OF PEOPLE RESPONSIBLE FOR PICKING THE CHILD

Name	Relationship	Telephone No.

ADDITIONAL PERSONS WHO MAY BE CALLED IN AND EMERGENCY

Name	Address	Relationship	Telephone No.

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

Physician Name	Address	Medical Plan/ Number	Telephone No.
Dentist Name	**Address**	**Medical Plan/ Number**	**Telephone No.**

If Physician/ Dentist cannot be reached what action should be taken

Call Emergency Hospital_____ Other (Explain)_____

PERSONAL RIGHTS

1. To be accorded dignity in his/her personal relationships with staff and other persons.

2. To be accorded safe and comfortable furniture and equipment to meet his/her needs.

3. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature.

4. Not to be locked in any room, building, or facility premises by day or night

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Acknowledgement

I/ We have been personally adviced of, and have received a copy of the personal rights at the time of Admission.

Nurture Kids _____ 46517 Mission Boulevard, Fremont, CA 94539

Name of the Child: _____

Parent's Name: _____ Parent Signature: _____

WAIVER AND PERMISSION FOR EMERGENCY TREATMENT

I acknowledge that _____ will participate in Nurture Kids After School Center's Outdoor/ Indoor activities for the session starting August 25th 2018 to June 13th 2019.

As parent or guardian of this child, I release and hold harmless Nurture Kids Inc, , and all staff members and employees of Nurture Kids , acting officially or otherwise, from any and all claims for injuries, causes of action or liability related to my child's participation in this event.

I certify that my child is in good health and able to participate in this activity. **In case of illness or injury, I give my permission for emergency medical or dental treatment to be administered. I will assume full responsibility for such action, including payment of costs.**

My child has medical conditions that should be made known to those staffing the First Aid Station and/or a treating physician. YES _____ NO _____ If yes, please specify:

Asthma _____ **Diabetes** _____ **Heart Condition** _____

Drug Allergies _____ **Insect Stings** _____

Environmental Allergies (pollen, etc.) _____ **Seizure Disorder** _____

Other (please specify) _____

Child's name: _____

Parent/Guardian Signature: _____

Print Name: _____

Phone Number: _____

Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

AS THE PARENT, DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO NURTURE KIDS LEARNING CENTER TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR _____ .

(NAME OF THE CHILD)

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

_____

_____

LIST ANY PRE-EXISTING CONDITIONS

_____

_____

_____

Name of the Child: _____

Parent's Name: _____ Parent Signature: _____

Media Release Form for Children Under the Age of 18

Please provide all the information asked for below.

Name: _____

Parent/Guardian's Name: _____

Home Address: _____

_____

I, Parent/Legal guardian of (child's name) _____ hereby grants permission to Irvington Robotics Academy and Nurture Kids, its agents and assigns, to use above named child's photo or video, and likeness for the purpose of promotion by Irvington Robotics Academy and Nurture Kids for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, promotion, exhibition for an indefinite period of time.

I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital, and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me.

I further acknowledge that I will not be compensated for these uses and Irvington Robotics Academy and Nurture Kids owns all rights to the images, videos, and recordings, and to any derivative works created from them.

I waive any right to inspect the use of any printed or electronic copy. I hereby release Irvington Robotics Academy and Nurture Kids and its agents and assigns from any claims that may arise from these uses including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This Release expresses the complete understanding of the parties.

Signed: _____

Printed Name: _____

Date: _____

Relationship: _____