

## After School Program Enrollment Form

Learning Center • STEM Institute • School of Dance • School of Music • School of Fine Arts

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Day School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Mother Cell: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Father Cell: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

Academic Year: \_\_\_\_\_ (September - June) Annual Enrollment Fee: \$35.00

Assessment: \_\_\_\_\_ Assessment Fee: \_\_\_\_\_

Enrollment:  Annual  Month-To-Month  Open

Program(s) Selected:

(1) _____	Monthly Tuition: _____
(2) _____	Monthly Tuition: _____
(3) _____	Monthly Tuition: _____
(4) _____	Monthly Tuition: _____
(5) _____	Monthly Tuition: _____
(6) _____	Monthly Tuition: _____
(7) _____	Monthly Tuition: _____
(8) _____	Monthly Tuition: _____

A deposit of equaling to one month tuition is required at the time of enrollment. A 30-day written notice is required to withdraw from the program. A short-rate charge (i.e. the difference between tuition rates of annual vs. monthly enrollment) will apply. The deposit will be applied to any outstanding balance or last month tuition payment. Tuition payment is due on the 1st day of each month and a \$35.00 late fee will apply if payment is received after the 5th calendar day of each month.

Total Monthly Payment: \_\_\_\_\_  
 Deposit: \_\_\_\_\_

I hereby affirm that I have the authority to enroll the above named student, and hereby give permission for the above named student to participate in Camelot Academy program(s). In permitting the above named student to participate in the program(s), the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to the above named student arising in any way whatsoever or however the same may occur and for whatever period said activities and extended care may continue. In the event of illness or injury, I do hereby consent to whatever medical and/or dental treatment are considered necessary in the best judgment of the Camelot Academy staff. I also understand that Camelot Academy does not provide health and medical insurance for students / participants. Authorized / responsible adult must accompany the above named student to the class / lesson site and must pick up the above named student at the site immediately following the completion of the class / lesson.

Emergency Contact: \_\_\_\_\_ Relationship with the student: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Legal Guardian (Print & Sign): \_\_\_\_\_ Date: \_\_\_\_\_

### Camelot Academy Video-Photo Consent, Waiver and Release

Camelot Academy students are often involved in activities, classes, lessons, trainings, rehearsals and performances that require taking pictures and videos for public media and marketing purposes, such as Internet web site, printed material, videos, newspapers, and other printed or digital media.

I am the parent / legal guardian of (Student's Name): \_\_\_\_\_

(Initial) \_\_\_\_ I hereby give consent for my child to be photographed, video taped, or interviewed for possible use in printed and digital media, television, radio broadcasts, school web sites, and school printed material and publications.

(Initial) \_\_\_\_ I agree that use of a photograph, photographs or video segment(s) does not constitute in any manner a waiver of Camelot Academy's policies, rules, terms and conditions, nor does continued use constitute an agreement to continue the student's enrollment.

Parent / Legal Guardian (Print & Sign): \_\_\_\_\_ Date: \_\_\_\_\_