

TITANS TUTORING
SUMMER CAMP REGISTRATION FORM



Student's Name: _____ **Date of Birth:** _____

Address: _____

Cell Phone: _____ Email: _____

School Name: _____

Does your child have any **allergies** to foods, animals, medications, etc.? **Yes** / **No**

If YES, please describe: _____

Parent/Guardian (primary): _____

Address: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____ Occupation: _____

Parent/Guardian: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____ Occupation: _____

Emergency Contact Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

LIABILITY

The parent/guardian shall be liable for any damages and injuries caused by their child to other person and the parent agrees to hold harmless, defend, and indemnify Titans Tutoring and its instructor (s). The instructor is not liable for any Titans Tutoring student outside the Center facility before the student enters or after the student leaves the Center. **Initial:** _____

In the event that the child requires emergency medical care. I grant permission for the instructor or director to transport the child to the nearest source of emergency service. It is understood that the parent will assume financial responsibility for costs incurred for treatment, ambulance and/or hospital care. **Initial:** _____

Any photos recorded (audio or video) and written materials created for an/or during class are property of Titans Tutoring and may be used for promotional purposes at the discretion of Titans Tutoring. **Initial:** _____

In case of an accident occurring on the center and church grounds, the center and church will assume no liability. **Initial:** _____

Not a Child or Dependent Expense - *Titans Tutoring* tuition does not qualify as childcare or dependent care expense. Therefore, parents should not attempt to claim it as a tax credit or for reimbursement via a flexible spending account. Instructors are not required to provide their social security numbers or employer identification numbers for this purpose. This Notice sets forth certain current policies; however, these policies may be changed or modified by us as circumstances require.

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1. CHOOSE A SESSION

* Mark the session you wish to attend

Summer Day: 8:00AM – 3:00PM

- Session 1:** June 20 - June 24
- Session 2:** June 27 - July 1
- Session 3:** July 5 - July 8
- Session 4:** July 11 - July 15
- Session 5:** July 18 - July 22
- Session 6:** July 25 - July 29

2. TUITION

* For all campers, there is a \$100.00 nonrefundable material fee per camper.

- 1 week:** \$295.00
- 2 weeks:** \$550.00
- 4 weeks:** \$1,000
- 6 weeks:** \$1,320 (Best Value)

3. EXTENDED CARE PER STUDENT (OPTIONAL)

- AM Care (7:00-8:00 AM): \$30.00 per week
- PM Care (3:00-6:00 PM): \$50.00 per week
- AM/PM Care: \$60.00 per week

Billing Information

*There is a 4.99% processing fee for all Credit Cards or PayPal payments.

Pay By: Check | Credit Card* | Cash | Venmo/Zelle | PayPal

Check here if billing info is same as registration form above.

Name: _____

Address: _____

Cell Phone: _____ Email: _____

Credit Card #: _____ Exp. Date _____ CVC: _____

Check here for automatic monthly billing.

How did you learn about **Titans Tutoring**?

Facebook Yelp Instagram Google Craigslist Friend/Relative

Other, please explain: _____

PRINTED NAME

SIGNATURE

DATE