



**Urban Scholar Academy**  
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[www.urbanscholaracademy.org](http://www.urbanscholaracademy.org) (website)



## Urban Scholar Spring Academy Registration Application

**Directions:** Please complete the application below for each participating child. Please make checks/money orders out to Urban Scholar Academy. Thank you!

### Section I: Background Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female Date of Birth: \_\_\_\_\_ Student Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Primary Contact Information:

Primary Contact Name: \_\_\_\_\_

Primary Contact Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_

#### Secondary Contact Information:

Secondary Contact Name: \_\_\_\_\_

Secondary Contact Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Secondary Contact Email Address: \_\_\_\_\_

### Section II: School Information

Grade Level (Fall 2018): \_\_\_\_ K \_\_\_\_ 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_ 4<sup>th</sup> \_\_\_\_ 5<sup>th</sup> \_\_\_\_ 6<sup>th</sup> \_\_\_\_ 7<sup>th</sup> \_\_\_\_ 8<sup>th</sup>

Name of School: \_\_\_\_\_

Type: \_\_\_\_\_ Public \_\_\_\_ Private If public, what school district? \_\_\_\_\_

### Section III: Spring Camp Registration

Camp Price: Activities, Field-Trips, Technology, Arts & Craft & Meals/Snacks

Spring Academy Dates: **Monday-Friday, March 25<sup>th</sup>-March 29<sup>th</sup>, April 1<sup>st</sup>-April 5<sup>th</sup>  
& April 15<sup>th</sup>-April 19<sup>th</sup>**

## PAYMENT

*Note: Payment is due in full for child to attend.*

	Amount	Quantity	Total
<b>I. Weekly Camp Fee:</b> <i>Note: Minimum fee is due Friday, March 22, 2019. If we have not received payment by this date, Urban Scholar Academy reserves the right to cancel unpaid applicants from the program.</i>			
_____ March 25, 2019-March 29, 2019	\$150.00		_____ <b>Total</b>
_____ April 1, 2019-April 5, 2019	\$150.00		
_____ April 15, 2019-April 19, 2019	\$150.00		
<b>II. BEFORE/AFTER CARE (OPTIONAL)</b>			
Before Care (7 a.m.-8 a.m.)	\$10.00/week	_____ week	_____ <b>Total</b>
After Care (5-6 p.m.)	\$10.00/week	_____ week	
Before & After Care (7-8 a.m., 5-6 p.m.)	\$20.00/week	_____ week	
<b>GRAND TOTAL</b>			\$ _____

### Section IV: Medical Information

1. Does your child have any special needs? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

2. Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

4. Child Food Allergies (if none, write "none"): \_\_\_\_\_
5. Current Medication (if none, write "none"): \_\_\_\_\_
6. In case of emergency, please contact: \_\_\_\_\_
7. Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Section V: Terms & Conditions

### Medical Treatment

- In case of an emergency, I give authorization for treatment by a qualified doctor or any person qualified to give emergency treatment. I release *Urban Scholar Academy* from any liability for injury as may arise or be occasioned thereof.

### Refund Policy

An individual must contact Alexis Coleman, Program Director, two weeks prior to the start of the camp if they wish to cancel the camp and obtain a refund, in which a 20% administrative fee will be deducted from the refund given. Any cancellations made after the deadline will result in a 50% refund.

Additionally, if a child is removed from the program due to extreme behavior ( theft, fighting, destruction of property), parents/guardians will be entitled to a refund of the prorated amount for all unused sessions and have no recourse other than this refund

### Media Consent

- Urban Scholar Academy*, is always striving to get the wonderful things our children do recognized. Therefore, we anticipate contacting reporters from local newspapers and television stations to do an article on the Summer Enrichment Program. If an opportunity is presented, *Urban Scholar Academy* is asking your permission to interview and take photographs of your child for an article on the program. Please indicate your willingness to have your child interviewed and/or photographed by checking the appropriate statement below.

☐ Yes, I am willing to have my child interviewed or photographed.\*Note: *We are not sure if your child's class will be featured, or if your child will be included in an interview or photograph.*

☐ No, I do not want my child interviewed or photographed.

### Testing

- I acknowledge that no warranty or guarantee, express or implied, is made as to any of my child's success or performance on any test (e.g. SBAC) or in any other procedure or process designed to assess his/her intelligence, knowledge and/or academic abilities and hereby waives any such warranty or guarantee existing by operation of law.

I further acknowledge that my child's failure to perform on any test or in any other procedure or process designed to assess a his/her intelligence, knowledge and/or academic abilities at the level expected shall not constitute a breach of this contract nor any other legally cognizable cause of action against *Urban Scholar Academy*, or any of its Officers, Directors, Employees, Independent Contractors or Agents.

Lastly, I hereby release and discharge *Urban Scholar Academy*, and its Officers, Directors, Employees, Independent Contractors and Agents from any and all liability for injury and/or damages allegedly arising out of student's failure to perform at any defined level on any such test or other procedure or process designed to assess a student's intelligence, knowledge and/or academic abilities.

*I have read and understand the above and I agree to the terms and conditions.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_