



**The Learning Link Tutoring Center, Inc.**  
**SUMMER 2011**  
**REGISTRATION FORM**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_ **Cell Ph.:( )** \_\_\_\_\_  
**Mother's Name:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_ **Cell Ph.:( )** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **School last attended:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Telephone No. in case of an emergency:** \_\_\_\_\_

**Name of Pediatrician:** \_\_\_\_\_ **List any allergies/illnesses:** \_\_\_\_\_

Persons, other than parents, authorized to pick up child and/or who can assume responsibility in case of an emergency:

1. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**SESSIONS: Please check off the weeks your child will be attending:**

June 13 to 17     June 20 to 24     June 27 to July 1     July 5 to 8 (closed 7/4)     July 11 to 15  
 July 18 to 22     July 25 to 29     August 1 to 5     August 8-12     August 15-19

**PROGRAM:**

- "TOTAL SUCCESS" 9:00 a.m. to 1:00 p.m.**  
 **"AFTER-CAMP PROGRAM" 1:00 to 6:00 p.m.**

**SUMMER PROGRAM RATES:**

<b>Program/Hours:</b>	<b>Weekly Rate:</b>	<b>Registration Fee</b>
<b>TOTAL SUCCESS</b>	\$200.00 *	\$75.00
<b>AFTER-CAMP</b>	\$125.00	

\* includes Admission and round-trip Transportation to all Field Trips. Lunch may be brought from home (microwave oven will be available) – or- lunch money may be sent for lunch from Subway or Pizza lunch. Snacks and drinks will be sold daily at the Center.

**DISCOUNTS:** Students enrolling for all TEN WEEKS will receive a 10% discount! (must be paid in full in advance.)  
 Ten (10%) discount will be given for each additional sibling.

**A G R E E M E N T - D I S C L A I M E R**

I hereby register my child for **SMART START SUMMER PROGRAM 2011** at The Learning Link Tutoring Center, Inc.. I hereby understand the following:

1. Registration covers the hours indicated above for each Program only and that if my child is picked up late, I will be required to pay \$5.00 for each 15 minute fraction on that day. I also understand program starts at 9:00 a.m. and that my child must arrive on time each day.
2. No refunds or credits will be given for late arrivals, early dismissals, missed field trips and/or days or weeks that my child is absent.
3. Payments are due in advance prior to the 1<sup>st</sup> day of each four-week cycle. A late payment fee of \$25.00 will be charged if payment is not made by due date. A \$35.00 penalty will be charged for all checks returned by the Bank.

I certify that my child is in good physical health, free of any communicable diseases and fully immunized. I certify that my child is covered by a health insurance policy and that The Learning Link Tutoring Center does not carry any medical or liability insurance. I hereby release The Learning Link Tutoring Center, Inc. and its owners, Directors, Independent Contractors and employees of any and all liability with regard to any Summer program and/or Field Trip. I hereby give permission for my child's picture(s) or video to be published in the Center's Website, T.V. screen and/or other related publications. I hereby give permission for my child to be transported in a sub-contracted bus or van to/from all Field Trips as indicated in the Summer 2011 Flyer.

**I UNDERSTAND THAT ALL PAYMENTS MADE TO THE LEARNING LINK ARE NON-REFUNDABLE.**

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

\_\_\_\_\_  
 Signature of Parent/Guardian