

Villa Ventures at Villa Academy

SUMMER 2009 REGISTRATION FORM

* Please complete one registration form for each child.

Both registration pages MUST be completed.

Child's Name _____

Address
(street, city, zip) _____

Email Address _____ Home Phone Number _____

Fall 2009 Grade _____ Fall 2009 School _____

Mother's Name _____ Father's Name _____

Business Phone _____ Business Phone _____

Cellular Phone _____ Cellular Phone _____

The following persons are authorized to transport my child: **1.** _____

(Name and Relationship to child) **2.** _____

Medical Information:

In case of emergency, students will be transported to the nearest hospital as determined by the emergency medical team. If I cannot be reached in case of serious injury or illness, I authorize the authorities of Villa Academy to procure any medical treatment and/or hospital care for my son/daughter under the supervision of a licensed physician. _____ YES _____ NO

Physician's Name _____ Physician's Phone _____

Pertinent medical history: allergies, etc. _____

Emergency Contact _____ Emergency Phone _____

Insurance Carrier _____ Policy Number _____

Parent Signature _____ Date _____

By signing the registration form, the parent/guardian is giving permission for the registered child to attend all field trips and/or other activities that remove the child from the Villa Academy campus.

VILLA ACADEMY MEDICAL CONSENT AND RELEASE OF LIABILITY STATES: I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in Villa Ventures Summer 2009 activities and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity may involve an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Villa Academy, its Program Directors, Employees and Agents from any and all liability resulting in injury associated with participant's participation in this activity. Villa Academy will not provide health and/or accident insurance for program participants. **As the parent/guardian I understand no refunds will be given after June 5, 2009.**

Parent/Guardian Signature _____ Date _____

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Both sides of this form MUST be completed.

- **Villa Students:** Please do not send in a check. Your tuition account will be billed.
Acct. # _____
- **Non-Villa Students:** Enclose a check payable to Villa Academy for the full amount of your student's camps/courses and mail to:

**Summer Program Coordinator
Villa Academy
5001 NE 50th St.
Seattle, WA 98105**

- Payment in full is required to reserve a space.
- **No refunds will be given after June 5, 2009**
- Confirmation of enrollment will be mailed by June 1, 2009.
- Classes may be cancelled due to insufficient enrollment. You will be notified if your requested class is unavailable. In the event that a class is cancelled, you may transfer your payment toward another class or your payment will be refunded.

Child's Name _____

Past or current Villa Academy student or camp attendee? YES / NO Villa Academy Account Number _____

Class or Camp Title	Before/After Care Lunch Care**	Dates/Times	Fee
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
After Program Care (4:00-5:00)	\$20 per week	___ weeks	X \$20
Lunch Care (12:00-1:00)	\$20 per week	___ weeks	X \$20
Before Program Care (8am-9am)	\$20 per week	___ weeks	X \$20
** Lunch care is free when your child is registered for AM and PM classes in the same week.			TOTAL PROGRAM FEES \$

For Office Use Only
Check # _____