



Tara Redwood School, 5810 Prescott Road, Soquel CA 95073

831-462-9632 www.TaraRedwoodSchool.org tararedwood1@yahoo.com

Application Agreement for Inner Compass Summer Program 2010

BASIC INFORMATION

3 Days / Week: Tues Weds Thurs

Time: 9 am to 3 pm

Aftercare: 3 pm to 5pm

SESSION DATES

Session I: June 22 – July 8

Session II: July 13 – July 29

Session III: Aug 3 – Aug 19

PROGRAM AGES

Program A: Ages 3-4

Program B: Ages 5-6

Program C: Ages 7-11

Parents' or guardians' names _____

Phone _____ Cell _____ Email _____

Address _____

Student Names	Age	DOB	M/F	Program
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Sessions (circle which programs)	# of Kids	Per Kid Price	Total
Session I Program A B C		\$ 395.00	
Session II Program A B C		\$ 395.00	
Session III Program A B C		\$ 395.00	
Subtotal			
Sibling Discount 10% off of Second Tuition			--
Total Tuition			

Registration: To reserve a place, please remit this form with full payment for one session per child. Registration is first come, first serve. I understand that registration is not guaranteed. If the enrollment for a session is too low, my fees will be fully refunded.

Behavior: I understand that this program is based on compassionate kindness. A child who cannot conduct themselves accordingly will be asked to leave the program without a refund.

Refunds: Refunds will only be given prior to May 15th. A \$50 non-refundable fee will be assessed. After May 15th, refunds will only be considered if a replacement can be found. **I understand that tuition is not refundable.**

Waiver and Release: I grant permission to the staff to act on my behalf for treatment of minor medical problems. In case of a medical emergency, I consent to such medical treatment as deemed necessary by a physician or emergency responder and accept responsibility for all costs of treatments. I understand that there are inherent risks in outdoor play, I agree to indemnify and hold harmless Tara Redwoods and its staff for any claim that may arise from participating in this program.

Fees: I agree as a condition of enrollment in this program to pay tuition as shown above by the first day of each session. I understand that a late fee of \$20 will be added to each session for each child when payment is in arrears. I understand that if tuition is delinquent in excess of 5 days, then my child(ren) will not be permitted to return to the program until all delinquent obligations are paid in full. I understand that the program shall have the right to legal action for nonpayment of tuition and fees, and I will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

Parent's or guardian's signature

Date