

Capay Valley LEARNING CIRCLE

2017-18 Admissions Agreement

| | |
|---------------------------|--|
| Child's Name | |
| Parent's Name | |
| Days per week attending | |
| Fee per month or quarter* | |

**Payable on the first day of classes. Checks can be made out to Todd Gettleman. Inspire Vendor invoices will be sent out on a quarterly basis.*

Terms & Conditions:

- The cost for classes is \$30 for the morning and \$40 for a full day
- Classes will begin August 14th, 2017.
- Capay Valley Learning Circle will be closed: Oct. 3rd - Oct. 14th, Nov. 21st - Nov. 28th, Dec. 19th - Jan. 20, 2017, March 27th - April 14th and June 26th - July 28th.
- All schedule changes or cancellations will be submitted in writing.
- Class fees will not be refunded for illness, discipline, or any other reason.
- We reserve the right to dismiss a student for health reasons or egregious behavior.
- Parents will wait 24 hours after illness symptoms have passed before sending students to class.
- After 3:15pm, late pick-up fee applies: \$10 every 30 minutes.

Contact Information

| | |
|-------------------------|--|
| Parent's Name | |
| Mobile Phone | |
| Work Phone | |
| Home Phone | |
| Email Address | |
| Street Address | |
| Emergency Contact Name | |
| Emergency Contact Phone | |
| Emergency Contact Email | |

Medical Information:

Diabetic: _____ N/A _____

Allergies: _____ N/A _____

Medications: _____ N/A _____

Capay Valley LEARNING CIRCLE

Waivers of Liability: I understand and acknowledge that certain educational activities have an increased risk of injury associated with them. In consideration of my participation and that of our child/children _____, I hereby release and agree to indemnify and hold harmless Todd Gettleman, Mica Bennett, The Capay Valley Learning Circle, and all of the officers, directors, contractors, and employees from any and all losses, claims, damages, liabilities, costs and expenses including attorney's fees, which they or any of them may sustain or incur in any way arising out of or in connection with member's participation in any and all educational activities. I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Yolo County, California, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of California unless The Capay Valley Learning Circle, in its sole discretion, selects a different forum. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conceivability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

Medical Emergencies

I give my permission for adults at the Learning Circle to provide first aid for the child named above and to take appropriate measures including contacting the Emergency Medical System and arranging for transportation to the nearest medical facility. All such expenses will be the responsibility of, and shall be paid for by the parents or guardians.

Field Trips

I give permission for my child to go on field trips with the Capay Valley Learning Circle, with transportation provided by volunteer adult drivers.

Photo and Video Release

The Learning Circle has my expressed permission to use any photographs and/or video that may include my child in their publication materials or communications.

Yes _____ No _____

I have read and understood all of the above conditions, and having enrolled a student in The Learning Circle, agree to be bound by them.

Signed: _____

Name: _____

Date: _____