



RedApple Learning Academy

Student Registration Form for Special Summer Camp

PROGRAM INFORMATION

__Chinese (6/1-4 7-11 14-18 21-25 28-7/3 5-9 12-16 19-23 26-30 8/2-6 9-13 16-20 23-24)

STUDENT PERSONAL INFORMATION

First Name _____ Middle Name _____

Last Name _____ Chinese Name _____

Date of Birth _____ Gender _____

ACADEMIC INFORMATION

School Name _____ Grade Level _____

Primary Language _____ Secondary Language _____

Mandarin Proficiency _____

CONTACT INFORMATION

Father's Name _____ Mother's Name _____

Primary Phone # _____ Secondary Phone # _____

Email _____

Mailing Address _____

Emergency Contact _____ Emergency Phone # _____

MEDICAL INSURANCE INFORMATION

Insurance Provider _____ Insurance ID _____

Insurance Phone # _____

OTHERS

Special Care _____

Additional Notes _____

Please read Payment and Emergency Policies.

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Payment: Tuition is due by the first day of class each week/session. Parent may pay in cash or check. Checks should be made payable to **RedApple Learning Academy** or **RALA**, and clearly marked with the student's full name.

Absences and Late Charges: a) There is no refund for missed classes (unless class cancellation is announced). b) Please pick up your child on time. We will charge \$5 for every 10 minutes after parent pick-up time (6:00 pm).

Injury & Emergency: In the event of an injury, we will notify the parent immediately. If emergency treatment is necessary, we will notify the parent, call 911 and/or take the child to the nearest hospital. Any expenses acquired for the above actions will be the responsibility of the parent, not of the RedApple Learning Academy or its staff.

Parent Agreement: I hereby allow my child to participate in the RedApple Learning Academy. I authorize the academy and its staff members to take full charge of my child in case of any emergency that may possibly occur. I will not hold the RedApple Learning Academy or any staff member liable in case of accidents or injuries. I agree with the RedApple Learning Academy tuition and emergency policies.

Parent Signature _____ Date _____