



# Carden Summer Academy

1570 Alta Glen Avenue  
San Jose, CA 95125  
(408) 448-2700  
www.cardendayschool.com

## Registration Form

Date \_\_\_\_\_

Name \_\_\_\_\_  
First MI Last Name Preferred

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ School Last Attended \_\_\_\_\_

School Phone ( ) \_\_\_\_\_ Grade as of September 2010: \_\_\_\_\_

Boy  Girl DOB \_\_\_\_\_ Age \_\_\_\_\_

**Parent Information:** Please include phone numbers. They are essential in case of an emergency.

Father's Name \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Mother's Name \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

### IN CASE OF EMERGENCY

Name of Physician: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Health Insurance Carrier and Policy #: \_\_\_\_\_



Major illnesses or accidents student has incurred: \_\_\_\_\_

Does your student have any of the following?

- Allergies                       Asthma                       Diabetes                       Heart Disease  
 Physical Disability             Rheumatic Fever             Other:

If other, please explain: \_\_\_\_\_

Please describe any physical disabilities: \_\_\_\_\_

Describe any medication or special diet: \_\_\_\_\_

Describe any allergies: \_\_\_\_\_

May your student participate in physical activities? YES \_\_\_\_\_ NO \_\_\_\_\_

**ADULTS TO CONTACT IF PARENTS ARE UNAVAILABLE:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**If your child is ever to be picked up by anyone who is not on this list, you MUST notify the Class Teacher with a written notice. A verbal notification will not be accepted. Notice may be faxed to (408) 448-4789 or e-mailed to *cardensv@sbcglobal.net*.**



## Registration Information

### Classes - Please Mark your Choices

<input type="radio"/> Español En Fuego - <b>Mrs. Oviedo</b>	June 21-25	\$365
<input type="radio"/> Dimensions of Art and Mixed Media - <b>Mrs. Dickson-Child</b>	June 28-July 2	\$365
<input type="radio"/> Amazing Race - <b>Mrs. Fryer</b>	July 5-9	\$365
<input type="radio"/> Adventures in Writing - <b>Miss Bohbot</b>	July 5-9	\$365
<input type="radio"/> Out of This World Rocketry - <b>Mrs. Fryer</b> (materials fee extra)	July 12-16	\$365
<input type="radio"/> Creative Writing - <b>Miss Bohbot</b> (2-week class)	July 12-23	\$730
<input type="radio"/> Bread Baking - <b>Mrs. Fryer &amp; Mrs. Kattan</b>	July 19-23	\$365
<input type="radio"/> Adventures in Writing - <b>Miss Bohbot</b>	July 26-30	\$365
<input type="radio"/> Center Stage - <b>Ms. Clark</b>	July 26-30	\$365
<input type="radio"/> Digital and Video Photography - <b>Mrs. Jordan</b>	Aug 2-6	\$365
<input type="radio"/> Lego Robotics - <b>Mr. Kattan</b> (materials fee extra)	TBA	\$365

**Deposit:** The non-refundable/non-transferable deposits are required with the registration form. Deposit amounts will be deducted from the program fees.

**Deposit fee=\$50 per session**

**Tuition Fee:** Most classes are 1 week long. Each class has a fee of \$365 (except the short week).

1 class	\$365
2 classes	\$700
3 classes	5% discount
4 classes	10% discount

**Payment of Balance:** Due on the first of the month that the class is held.

**Refunds:** After June 11, 2010, any refunds are subject to a \$50 fee per session cancelled. No adjustment of fees will be made if a child is withdrawn or is dismissed for unacceptable conduct that is prejudicial to the discipline policy and/or good name of the school.

**Meals:** A snack for recess and lunch are the responsibility of the parent.

**Extended Care:** 8:00-9:00 a.m. and 3:00-6:00 p.m. at \$8.00 an hour.

**Drop Ins:** Due to the nature of these classes a drop in status is not available. Early registration will ensure that a spot is saved for your child.



**Medical Release:**

In the event of an emergency, and if my child is unconscious, and if all efforts to reach me have been unsuccessful, I give permission for my child to be taken to the emergency room at Santa Clara Valley Medical Center and to be treated there by the attending physician.

I understand that this permission slip would accompany my child and that continued efforts would be made to reach me. I agree to assume financial obligation incurred for such care.

\_\_\_\_\_  
Signature

**Photography Release:**

I give permission for my child to be photographed during the Carden Summer Academy. I understand these photographs may be used for marketing and/or public relations.

\_\_\_\_\_  
Signature

**Rules and Regulations:**

I understand and agree that in the event my child causes any harm or damage to another student, personnel, or property, I will be fully responsible for such harm or damage, including being responsible for indemnifying The Carden Summer Academy and it's personnel should they be forced to defend themselves in connection with any resulting lawsuit or claim. Should such an event occur it is my understanding, in signing below, that my child will be removed immediately from class, and not be allowed to return, as well as forfeiting any monies paid.

\_\_\_\_\_  
Signature

**Carden Summer Academy Tee Shirts:**

A Carden Summer Academy tee shirt will be provided for your child. Extra shirts are available for purchase for \$12.00, as they are encouraged to wear them every day. If you would like to buy extra shirts for your child, please indicate so on the form below and you will be billed for your purchase. Please select your child's size.

YL YXL AXS AS AM AL AXL  
(Please Circle Size)      Quantity \_\_\_\_\_