

Date: _____

Office use

Student Information

Name: _____ Birth Date: _____

School: _____ Grade: _____

Home Address: _____

Parent/Guardian's Information

Mother: _____ Phone#: _____ Email: _____

Father: _____ Phone#: _____ Email: _____

Authorized Pick-up List

Please list the authorized adults who may pick up your child from the center (include names not listed in emergency contact). Your child must be able to recognize this adult and this adult must provide a valid government issued ID (driver's license, passport) to pick up your child. Work badges or nametags will NOT be accepted as a valid form of ID

Name: _____ Relationship to child: _____ Phone Number: _____

Name: _____ Relationship to child: _____ Phone Number: _____

Medical Information

In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:

- A. Medication or other allergies _____
- B. Insurance Carrier _____ Policy # _____
- C. Physician Name _____ Contact Phone Number _____

Photography and Videography Release

____ I authorize and consent to the use of my child's visual image by Olive Children | Berkeley Academy for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, and websites. I give this consent with no claim for payment.

Payment & Refund Policy

- Payments are due on the first school day of the month. Berkeley will provide a 5-day grace period. Late payments made after the 6th day result in a \$25 late fee
- Security Deposit \$150 will be required in advance to reserve a space for your child.
- Make all checks payable to Olive Children | Berkeley Academy
- We reserve the right to cancel your reservation if payment is not received in full by first day of session.

REFUND POLICY

- 30-day written notice before student's last day is required to return Security Deposit.

LATE PICK UP FEE

- \$1.00 per minute after 6:30PM. Late fee will be automatically included in the invoice.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____