

Summer 2018 Tuition Agreement

PARENT/ STUDENT INFORMATION

Student's Name Gender Grade Entering Birth Date

Name of Parent/Guardian Responsible for Registration Daytime Phone

SUMMER SCHOOL

Full Day (All Grades; 9:00 a.m. to 3:00 p.m.; Monday through Friday)

Full Session \$2,050.00 Session One \$1,125.00 Session Two \$1,125.00
Six weeks: June 18 to July 27 Three weeks: June 18 to July 6 Three weeks: July 9 to July 27

Single-Subject Half Day* (Grades 3 through 8; 9:00 a.m. to 12:00 p.m.; Monday through Friday)

Full Session \$1,680.00 Session One \$840.00 Session Two \$840.00
Six weeks: June 18 to July 27 Three weeks: June 18 to July 6 Three weeks: July 9 to July 27

Half Day A.M.* (Grades K through 2; 9:00 a.m. to 12:00 p.m.; Monday through Friday)

Full Session \$1,300.00 Session One \$650.00 Session Two \$650.00
Six weeks: June 18 to July 27 Three weeks: June 18 to July 6 Three weeks: July 9 to July 27

Half Day P.M.* (Grades K through 2; 12:00 p.m. to 3:00 p.m.; Monday through Friday)

Full Session \$1,300.00 Session One \$650.00 Session Two \$650.00
Six weeks: June 18 to July 27 Three weeks: June 18 to July 6 Three weeks: July 9 to July 27

*Enrichment programs such as art and PE are not available to half-day students.

EXTENDED CARE (Optional) 3:30 p.m. to 5:30 p.m.

No Charge: Drop-off Grace Period: 8:00 a.m. to 9:00 a.m. Pick-up Grace Period: 3:00 p.m. to 3:30 p.m.

Full Session \$600.00 One Session \$300.00
Six weeks of after-school care Three weeks of after-school care

Your payment in full must be submitted with your application. To avoid cancellation charges, you must notify The Learning Castle or La Cañada Preparatory at least thirty (30) days prior to your child's registered start date. Failure to do so will result in a forfeiture of 100% of the total paid tuition for that session. Your signature below and payment in full constitute your acceptance of this Tuition Agreement for your child's attendance at summer school. This Tuition Agreement is a contract between you, the undersigned, and The Learning Castle, Inc. If The Learning Castle, Inc. is required to retain a lawyer to enforce or interpret terms of the Tuition Agreement, it shall be entitled to actual attorney's fees and court costs.

Parent or Guardian Responsible for Student's Registration

Signature Date

Summer 2018 Arbitration Agreement

Agreement to Arbitrate. Any dispute, controversy or claim (hereinafter referred to as "Claim") by or between a student and/or his or her parent(s) or legal guardian(s), including their respective agents, employees, children or spouses (collectively referred to as "Student"), on the one hand; and The Learning Castle, Inc., d.b.a. The Learning Castle and La Cañada Preparatory, including its teachers, employees, partners, associates, affiliates, and agents (collectively referred to as "School"), on the other hand; shall be settled by arbitration administered and in accordance with the rules of the American Arbitration Association ("AAA") then in effect ("AAA Rules").

All Claims Must Be Arbitrated. It is the intention of the parties that this Agreement to Arbitrate shall be applicable, to the fullest extent of the law, to all Claims between the parties, whether in tort, contract or both, including but not limited to all Claims arising from or related to the Student-School relationship, such as registration and enrollment of the Student in the School, tuition, unpaid fees and services, and disciplinary actions; to all Claims for personal or other injury; to all Claims based on any federal, state, or local law, statute, or regulation; as well as to the question of whether any certain Claim is arbitrable.

Procedure and Applicable Law. Either party may initiate arbitration by serving a Demand for Arbitration on the other party in accordance with the AAA Rules. Such demand shall include a statement of the Claim(s) asserted and the facts upon which each Claim is based. There shall be one arbitrator, to be selected from the list of arbitrators provided by the AAA. If the parties are unable or unwilling to agree on an arbitrator within ten (10) days of receiving the list of arbitrators, then the AAA shall provide a new list of ten (10) arbitrators, and each party shall remove one name until only one name remains, and the claimant shall choose first. The decision rendered by the arbitrator shall be binding and judgment upon the decision of the arbitrator may be entered into any court having jurisdiction thereof. Each party shall have the same right to take depositions and to obtain discovery as if the proceedings were pending in a civil action before a court of general jurisdiction in the State of California. All arbitration hearings under this Agreement shall be conducted in the County of Los Angeles, California. Before arbitration commences, each party shall pay the arbitrator half of the expected cost of the arbitration. At the conclusion of arbitration, the arbitrator may award the prevailing party some or all of the arbitration costs.

THE PARTIES HEREBY WAIVE ANY RIGHTS THEY MAY HAVE TO TRIAL BY JURY, INCLUDING WITHOUT LIMITATION, ANY RIGHT TO TRIAL BY JURY AS TO THE MAKING, EXISTENCE, VALIDITY, OR ENFORCEABILITY OF THE AGREEMENT TO ARBITRATE.

NOTE: This Agreement will remain in effect throughout your child's enrollment and is not limited to one school year or semester!

I, the undersigned, attest that I am (i) the parent having legal custody, (ii) one of the parents having legal custody, or (iii) the legal guardian of a minor child or children attending the School. I understand that I have a right to receive a copy of this agreement. By my signature below, I agree to the above terms.

Parent or Guardian Responsible for Student's Registration

Signature Date

Summer 2018 Curriculum Request Form (Optional)

Student's Name

Grade Entering

CURRICULUM OPTIONS (Please check one of the boxes below.)

Please note that curriculum options are only available to students entering 3rd through 8th grades. 4-year olds through 2nd graders will automatically receive the Standard Summer Program.

Standard Summer Program (Recommended)

(By checking Standard Summer Program, I understand that a lesson plan will be tailored to meet the student's individual requirements focusing on **both** Language Arts and Mathematics. Please see the **Program Description from the Director** for more details.)

1st Session

2nd Session

Language Arts (Optional)

(By checking Language Arts, I understand that the student will receive instruction **only** in Language Arts.)

1st Session

2nd Session

Mathematics (Optional)

(By checking Mathematics, I understand that the student will receive instruction **only** in Mathematics.)

1st Session

2nd Session

Test Prep (Optional)*

*Available to only currently enrolled LCP students entering the 6th, 7th or 8th grade in the fall.

(By checking Test Prep, I understand that the student will receive instruction **only** in Test Prep.)

1st Session

2nd Session

Enrichment Classes (Optional)

(By checking one or both of the boxes below, I understand that the student will be pulled from regular classes for approximately one hour per week to attend enrichment classes at no additional cost to me.)

Please note: Enrichment classes are only available to students who are enrolled in a full-day program.

Computer (Available to full-day students entering grades 3 - 8 only)

Typing (Available to full-day students entering grades 3 - 8 only)

Art (Available as an option to full-day students entering grades 4 - 8. Included with Standard Program for full-day students entering K1 - 3.)

I, the undersigned, have read and understand the above curriculum options.

X

Parent or Guardian's Signature

MM/DD/YYYY

Date

Summer 2017 Registration Information Form

Student's Name	Home Phone
<input type="text"/>	() <input type="text"/>

Address	City	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your student on the TLC/LCP Waiting List for '18-'19? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Attended '17-'18	School Attending '18-'19
	<input type="text"/>	<input type="text"/>

Grade Entering in Fall '18: (Please check one of the boxes on the left.)

<input type="checkbox"/> TK (4yrs.)	<input type="checkbox"/> K (5yrs.)	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th	<input type="checkbox"/> 5th	<input type="checkbox"/> 6th	<input type="checkbox"/> 7th	<input type="checkbox"/> 8th
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Mother/Guardian's Name	Daytime Phone	Cell Phone	E-mail
<input type="text"/>	() <input type="text"/>	() <input type="text"/>	<input type="text"/>

Address (if different from student's)	City	Zip Code	Home Phone (if different from student's)
<input type="text"/>	<input type="text"/>	<input type="text"/>	() <input type="text"/>

Father/Guardian's Name	Daytime Phone	Cell Phone	E-mail
<input type="text"/>	() <input type="text"/>	() <input type="text"/>	<input type="text"/>

Address (if different from student's)	City	Zip Code	Home Phone (if different from student's)
<input type="text"/>	<input type="text"/>	<input type="text"/>	() <input type="text"/>

Names of Persons Authorized To Take Student From Facility (Other than the legal parent(s), guardian(s))
 (Without written permission, your student will not be discharged to any other person.)

Name	Relationship
<input type="text"/>	<input type="text"/>
Name	Relationship
<input type="text"/>	<input type="text"/>
Name	Relationship
<input type="text"/>	<input type="text"/>
Name	Relationship
<input type="text"/>	<input type="text"/>

RELEASE AND WAIVER OF LIABILITY

I, the undersigned, parent of , (referred to as "child"), a minor, hereby:

1.) Authorize and grant permission for my child to go off site for supervised activities in the adjacent fields, tennis courts, auditorium, city parks, or gymnasium (collectively referred to as a "trip").

I understand that neither the school, The Learning Castle, Inc., d.b.a. The Learning Castle and La Cañada Preparatory (collectively "TLC, Inc."), nor any of its directors, officers, employees, agents, students, or volunteers (referred to as "Releasees") shall be liable to my child or myself for any claims that we have or may in the future have against the Releasees arising, directly or indirectly, from these trips, such claims being hereby waived. Further, I will indemnify and hold harmless the Releasees from all liability for such claims, as well as from claims of all persons resulting from any act of my child during said trips.

A "trip" includes the period between the time when the child leaves the school for scheduled or supervised activities and returns to the school.

2.) Give TLC, Inc., its legal representatives and assigns, and those acting with its authority and permission, including any photographer acting on its behalf, the absolute right and permission to photograph, videotape and/or film child and to copyright, use, and publish his or her image or likeness and recordings of his or her voice during and in connection with the context of daily school life. I understand that any such images will be used solely for the support and promotion of TLC, Inc.

I hereby waive any right that the child or I may have to inspect or approve the finished product(s) or the use to which it/they may be applied. I hereby release, discharge and hold harmless TLC, Inc., its photographers, legal representatives or assigns, and all persons acting under its permission or authority, from any liability by virtue of any distortion or alteration that may occur or be produced in the taking of such photographic images or in any subsequent processing thereof, as well as any liability arising from any publication thereof, including, without limitation, any claims for libel or invasion of privacy.

I hereby warrant that I am the parent or legal guardian of the child and have every right to contract for the child in the above regard. This release shall be binding upon me and my heirs, legal representatives, and assigns unless revoked in writing, signed by a parent or guardian, and delivered to an authorized agent of TLC, Inc..

X

Parent or Guardian's Signature

MM/DD/YYYY

Date

Summer 2018 Medical Information Form

Student's Name (Last)	(First)	Home Phone	Gender	Birth Date
		()		MM/DD/YYYY
Mother/Guardian's Name (Last)	(First)	Business Phone	Cell Phone	
		()	()	
Father/Guardian's Name (Last)	(First)	Business Phone	Cell Phone	
		()	()	
Name of Student's Physician	Office Phone	Name of Student's Dentist	Office Phone	
	()		()	
Health Insurance Carrier	Policy #	Dental Insurance Carrier	Policy #	

If Physician cannot be reached, what action should be taken?

Call Ambulance or Drive to ER Other Explain: _____

Person Who May Be Contacted In An Emergency/ Disaster If Parents Cannot Be Reached (List at least one.)

Name	Relationship	Telephone
		()
Name	Relationship	Telephone
		()

I give permission to have the following medications dispensed to the student by a school official:

TYLENOL®, ADVIL® or generic equivalents (Please initial if 'Yes')	<input type="checkbox"/> Yes	<input type="text"/> Initial	<input type="checkbox"/> No
NEOSPORIN® or generic equivalent (Please initial if 'Yes')	<input type="checkbox"/> Yes	<input type="text"/> Initial	<input type="checkbox"/> No
CALADRYL® or generic equivalent (Please initial if 'Yes')	<input type="checkbox"/> Yes	<input type="text"/> Initial	<input type="checkbox"/> No
TUMS® or generic equivalent (Please initial if 'Yes')	<input type="checkbox"/> Yes	<input type="text"/> Initial	<input type="checkbox"/> No
HYPO-TEARS® or generic equivalent (Please initial if 'Yes')	<input type="checkbox"/> Yes	<input type="text"/> Initial	<input type="checkbox"/> No
CHILDREN'S BENADRYL® or generic equivalent (Please initial if 'Yes')	<input type="checkbox"/> Yes	<input type="text"/> Initial	<input type="checkbox"/> No
SUNSCREEN SPF 30 (Please initial if 'Yes')	<input type="checkbox"/> Yes	<input type="text"/> Initial	<input type="checkbox"/> No
PEPTO BISMOL® or generic equivalent (Please initial if 'Yes')	<input type="checkbox"/> Yes	<input type="text"/> Initial	<input type="checkbox"/> No
THROAT LOZENGES (Please initial if 'Yes')	<input type="checkbox"/> Yes	<input type="text"/> Initial	<input type="checkbox"/> No
COUGH DROPS (Please initial if 'Yes')	<input type="checkbox"/> Yes	<input type="text"/> Initial	<input type="checkbox"/> No

Does your child have a special medical condition? (If 'Yes', specify)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Is your child currently on medication? (If 'Yes', specify)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Does your child have any known allergies? (If 'Yes', specify)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Does your child have any significant dietary restrictions? (If 'Yes', specify)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Has your child been diagnosed with a learning or physical disability? (If 'Yes', specify)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Is there anything else we should know about your child? (If 'Yes', specify)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

CONSENT FOR MEDICAL TREATMENT

I, _____, am (i) the parent having legal custody, (ii) one of the parents having legal custody, or (iii) the legal guardian for the above-named minor child. I hereby authorize The Learning Castle, Inc., d.b.a. The Learning Castle and La Cañada Preparatory (collectively "TLC, Inc."), into whose care the minor has been entrusted, to consent to medical or dental treatment or care for the minor under Section 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any emergency medical or dental treatment or care to be rendered to or for the minor under the general or special supervision of a qualified physician, surgeon, or dentist.

I further authorize TLC, Inc., to receive physical custody of the child under section 1283(a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of the child to TLC, Inc.

X _____	_____
Parent or Guardian's Signature	Date