



RedApple Learning Campus (RALC)

2025 Ephesus Church Rd., Chapel Hill, NC 27517



Tel: (919)323-0368

Email: SchoolRedApple@gmail.com

Website: www.ralcnc.org

2019-2020 School Break Camp Registration

STUDENT INFORMATION

Student Name _____ Chinese Name _____ Gender _____

Birthday _____ Age _____ School Name _____ Grade Level _____

New students: Please fill out completely.

After-School students: ☐ Check here if the info below is same as after-school registration form.

Primary Language _____ Secondary Language _____

Home address _____
Street City State Zip

Mother's Name _____ Cell Phone _____

Work Phone _____ Email _____

Father's Name _____ Cell Phone _____

Work Phone _____ Email _____

Health Care Provider & Phone _____

Special Care _____

Additional Notes (i.e. Allergies) _____

Emergency Contact Name & Phone _____

Persons authorized to pick up your child other than parents _____

TUITION & FEES

Registration Fee	NA	
Camp Tuition (per student)	Spring Break	Teacher Workday
▪ Full Day (8:00am-6:00pm / Lunch included)	\$225/week	\$45/day
▪ Mornings only (8:00am-1:00pm / Lunch included)	\$175/week	\$35/day
▪ Afternoons only (1:00pm-6:00pm)	\$150/week	\$30/day
Late Pickup Fee (pickup after 6:10pm)	\$1/minute	

PAYMENT: Tuition will be due by the day of class. Please make checks payable to RedApple Learning Campus or RALC. There is no refund for missed classes due to students' absence.

PERMISSION & LIABILITY WAIVER: My child(ren) has my permission to fully participate in RedApple Learning Campus (RALC) school break camps during 2019-2020 school year. I, as parent/legal guardian, agree to hold harmless RALC and its staff from liability resulting from any accidents and injuries occurring during camp hours. I hereby grant permission for the RALC staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include: 1) call the parents; 2) contact the Emergency contacts listed on the registration form; 3) call paramedics or the child's health care provider. Staff will call 911 if parents, emergency contacts, and the child's physician cannot be reached.

I understand that RALC and staff will not be responsible for anything that may happen as a result of false information provided by parents. I have carefully read and understand all of the above terms and conditions. Prior to signing this agreement, I have had an opportunity to ask any questions. I am aware that by signing this form, I assume all risks and waive and release all substantial rights that I may have and possess.

Photography and Publicity Release: I authorize RALC to use a photography or other image of my child for public relations purposes connected to RALC programs. I understand that my child's name will not be published with an image.

Please fill the camp date and sign (only one form needed for the whole school year):

[illegible]