

RedApple Learning Campus (RALC)

2025 Ephesus Church Rd., Chapel Hill, NC 27517

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Website: www.ralcnc.org

2019-2020 School Break Camp Registration

| STUDENT INFORMA | TION | | | | | | |
|---|--------------------|--------|-----------------|-----------|-------------|----------------------|----|
| Student Name | Chinese Name | | | | Gender | | |
| Birthday | Age | School | Name | | | Grade Level | _ |
| New students: Please After-School student | • | • | info below is a | same as a | lfter-schoo | ol registration form | ۱. |
| Primary Language | Secondary Language | | | | | | |
| Home address | | | | | | | |
| | Street | | | City | State | Zip | |
| Mother's Name | | | Cel | I Phone _ | | | |
| Work Phone | | Email | | | | | - |
| Father's Name | | | Cel | I 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.

Parent Signature Date 2020 Spring Break (April 6-9) 2019-20 Teacher Workday Camp Image: Ima

Please fill the camp date and sign: