



CHILDREN'S INNOVATION CENTER

39155 Cedar Blvd, Newark, CA – 94560
(510) 894-1497 info@ChildrensInnovationCenter.org

ACADEMIC SUCCESS FOR K-8 - STUDENT ENROLLMENT FORM

Student Information:

Student Full Name: _____ Current Grade: _____

Student Cell Number: _____ Date of Birth: _____

School Name: _____

Student's Email ID: *(Needed for online classes)* _____

Primary Parent/Guardian Information:

Full Name: _____ Relationship: _____

Cell Number: _____ Email: _____

Home Address: _____

Emergency Contact Information:

Full Name: _____ Relationship: _____

Cell Number: _____ Email: _____

Student Learning Concerns:

This course is not for special needs students. If there is anything we need to know, please provide the details, in order to help the student better.

Authorized Student Pickup Information (for In-person classes):

Full Name	Relationship	Cell Phone #



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Please select one

- Group Class
- 1:1 Class

TERMS & CONDITIONS

1. Fees must be paid before the 5th of every month. Late payment penalty is +\$5 per missed day.
2. **Parents MUST inform Children's Innovation Center if the student would be absent:**
- Call 510-894-1497 or email info@childrensinnovationcenter.org for absentee notification.
3. **Cancellation Policy:** Should you decide to cancel your enrollment, please send a written notice by email to info@ChildrensInnovationCenter.org with your **valid reason for cancellation**. We require minimum of 30 days' notice before the cancellation date, to process your request. From the cancellation date, any remaining paid fees will be refunded. We must receive your notice by email only, as it provides us with timestamp of when we received.

PAYMENT DETAILS

4 weeks fees: \$320 Math \$320 ELA \$80 Science \$80 Social Studies

For 2nd child onward Sibling Discount 10% = _____

Deposit – 4 weeks Tuition = _____

First Month Tuition Fees Due before the first class = _____

Total Amount Due for First Payment = _____

Classes run for 9 months from September 2020 to May 2021

Please make check payable to “Children’s Innovation Center” before the 5th of every month.

Mailing Address:

Children’s Innovation Center
P.O. Box 1855
Newark, CA - 94560

PayPal Payment:

<https://childrensinnovationcenter.org/paynow.php>



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STUDENT WAIVER & RELEASE FORM

I give permission for student _____ to participate in Children's Innovation Center's after-school programs and services.

I am the parent or legal guardian of the student, and I have authority to enter into this release on behalf of the student who is a minor. I am providing this release in consideration for the student being permitted to participate in the Children's Innovation Center's Academic Success For K-8 Program.

I also agree to release all images and videos of the student to Children's Innovation Center. I am fully aware of the risks and hazards associated with the program and voluntarily assume all risks of loss, damage, or injury to the student arising out of his/her participation in the program. On behalf of myself and the student, I release, waive, discharge, and agree not to sue Children's Innovation Center or its owners, officers, employees, agents or representatives for any loss, damage, or injury to the student arising out of his/her participation in the program. I also agree to indemnify, defend and hold Children's Innovation Center harmless from any claims arising out of the student's participation in the program, whether in tort, contract or strict liability.

I have read this release and fully understand its contents.

Signature of Parent/Guardian

Date