



\_\_\_\_\_ Date

**Student Information**

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

School attending in September \_\_\_\_\_ How did you hear about Kasha? \_\_\_\_\_

Address \_\_\_\_\_

Siblings and their ages \_\_\_\_\_

Let us know a little about your child. \_\_\_\_\_  
 \_\_\_\_\_

Is your child receiving any services, in a special ed. program or have a SEIT or aide? \_\_\_\_\_

**Parent Information**

Parent(s) Name \_\_\_\_\_ Email address \_\_\_\_\_

Home phone # \_\_\_\_\_ Mom's cell phone # \_\_\_\_\_ Dad's cell phone # \_\_\_\_\_

Mom's employer \_\_\_\_\_ Business phone # \_\_\_\_\_

Dad's employer \_\_\_\_\_ Business phone # \_\_\_\_\_

**Emergency Contact (other than parents)**

1. \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

2. \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

**Authorized Pick-Up Persons (other than parents)**

1. \_\_\_\_\_  
 Name Relationship to student  
 \_\_\_\_\_  
 Phone # Alternate phone #

2. \_\_\_\_\_  
 Name Relationship to student  
 \_\_\_\_\_  
 Phone # Alternate phone #

**Medical Information**

Health Insurance Company Policy No.  
 \_\_\_\_\_  
 Doctor Phone #  
 \_\_\_\_\_  
 List all allergies (including food) and dietary restrictions. \_\_\_\_\_  
 \_\_\_\_\_  
 List any restrictions of activity. \_\_\_\_\_  
 \_\_\_\_\_  
 Please list any medications used daily by your child. \_\_\_\_\_  
 \_\_\_\_\_

**Session Selection – All sessions consist of 5 school days per week 9:15 am - noon**

Select the session(s) you wish to enroll your child:

- 1. Aloha Summer (July 6 – 10)
- 2. Art:Beyond the Basics (July 13 – 17)
- 3. Frozen in July (July 20 – 24)
- 4. As seen on TV (July 27 – 31)
- 5. Math Madness (August 3 – 7)
- 6. To Infinity and Beyond (August 10 - 14)
- 7. Super Science (August 17 – 21)
- 8. Rock Star (August 24 – 28)

**Fees: Open Enrollment - \$150 per week Kasha Kids - \$100 per week**

Fee for Kasha Kids reflects a 25% discount for students who have completed 1 full year of Kasha Academy Preschool prior to summer. No addition discounts offered.

No refunds for any reason (including but not limited to illness, injury, dismissal from program by Kasha Academy or vacation) and no partial week fees available. Payment for all sessions is due upon registration. Enrollment is on a first come basis. Limited spots available. Please make check payable to *Kasha Academy* and mail to Kasha Academy 243 West Main Street, Sayville, NY 11782. Please feel free to contact us at (631) 678-2212 or Email – info@kashaacademy.com.

Release/Waiver: I, the minor's parent and/or legal guardian hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless Kasha Academy, their respective Administrators, directors, agents, officers, members, volunteers and employees (each considered a "releases" herein) from all liability, claims, demands, losses, injuries resulting from the participant's participation in connection with the program or damages caused or alleged to be caused in whole or in part by negligence and I further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement I, or anyone on my behalf or that of my minor, make a claim against any of the "releases", I will indemnify, save and hold harmless each of the "releases" from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as the result of such claim. I will not slander, bad mouth or hurt the name of Kasha Academy

Treatment: In the case of a medical/surgical emergency; I hereby give permission to any medical personnel selected by the camp staff to secure treatment.

Authorization for use of photograph/video use of any pictures, text and/or videos of me and/or my child(ren) may be used for camp/preschool advertising and marketing without any compensation.

I have asked any questions I have about school policies and operations and have had them answered to my satisfaction. I hereby agree to all terms and conditions set forth above and consent to my child(ren) participation in activities.

NO REFUNDS FOR ANY REASON.

Parent's signature

Date