



Executive Function & Study Skills 10 Week Course

Registration Packet

Hosted By: **Fick Educational Services, LLC**
17 Turner Lane, West Chester, PA 19380

Please complete this packet of information to help us better interact with and care for your child.

Child's Name		Date of Birth: MM/DD/YYYY	
Emergency Contact: Parent/Guardian Name		Relation to Child	
Address	City	State	Zip
Home Phone #	Cell Phone #	Email	
2nd Emergency Contact: Parent/Guardian Name		Relation to Child	
Address	City	State	Zip
Home Phone #	Cell Phone #	Email	
How did you hear about us?			

Executive Function & Study Skills Course: \$650

Executive Function & Study Skills Course will be in session for 10 weeks **beginning:**

Monday, April 24 @ 6 pm
 or
 Wednesday, April 26 @ 6:30 pm



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Medical Information

Name of Primary Physician	Physician Main Phone #
Does your child have allergies? YES NO If yes, circle type(s) below and describe the allergy please	
Food	Environmental
Seasonal	Medicine
Other	

____ I will bring my child's medication in its original container with my child's name and specific handwritten instructions and I will hand-deliver those items to the camp administrators

____ I have provided accurate and truthful information to the best of my ability including any information the staff should be made aware of on this application.

Signature of Parent of Guardian: _____ **Date:** _____



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Additional information about your child:

Which school does your child attend?	What Grade is your child currently in?
Please share any information that you believe would assist us in better knowing your child such as special interests, likes/dislikes, other behaviors, etc.	
If you have any desires or expectations for your child during camp, please share with us. We will do our best to address them and work on those specific tasks when possible.	

Signature of Parent of Guardian: _____ Date: _____



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RELEASE OF LIABILITY

This Release is executed and delivered on this day of _____, 2016, by

_____, parent or guardian of

_____ on behalf of heirs, executors, administrators, successors, and assigns (collectively the "Releasor") in consideration of being allowed to participate in any activities at Fick

Educational Services, LLC. Releasor, hereby, fully releases and discharges Fick Educational Services, LLC and their successors and assigns the Releasee from any and all rights, claims, and actions which the releasor may now have or may hereafter ever have against Releasee arising out of (child's name)

_____ participation in activities at the facility. This Release is intended by Releasor to release any claim, damage, loss or injury suffered by Releasor, or which may be suffered by Releasor, and such rights which the Releasor may now have or will have in the future against the Releasee. Releasor acknowledges that Releasor has freely and voluntarily executed and delivered this Release to the Releasee and further, that Releasor has received good, valuable, and adequate consideration prior to the execution and delivery of this Release.

Signature of Parent of Guardian _____ Date: _____

Witness: _____ Date: _____

PHOTO/VIDEO RELEASE

I give my permission for photographs and/ or videos of my child to be used in any Promotional/Marketing materials for Fick Educational Services, LLC including but not limited to their Facebook page, Website, etc.

Signature of Parent or Guardian: _____ Date: _____

Witness: _____ Date: _____

ACCEPTABLE CONDUCT POLICY

Fick Educational Services, LLC considers one of its primary functions is to provide an opportunity for developing independence and self-confidence through interaction with others children, adults, animals, etc. Each participant must maintain acceptable standards of conduct at all times. Consequently, any conduct by a participant which the Executive Director, Camp Director, or Staff members consider detrimental to the child's safety, the safety of other children, staff, animals or the facility itself may be deemed adequate cause for disallowing or time-out from participation in programs and activities.

Signature of Parent or Guardian: _____ Date: _____



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Upon Completion, please make copies of this packet for your records and return the original packet to FICK EDUCATIONAL SERVICES, LLC

Email: fickeducation@gmail.com

Phone:

610-457-2199

Address of Study Skills Course

17 Turner Lane

West Chester, PA 19380

Checks payable to: Fick Educational Services, LLC

Be sure to check out our website:

www.fickeducation.com