

Registration Packet for 2017
Hosted By: Fick Educational Services, LLC

Please take a moment to complete this packet of information to help us better interact and care for your child during this course.

Child's Name	Date of Birth: MM/DD/YYYY	
Emergency Contact: Parent/Guardian Name	Relation to Child	
Address	1	
City	State	Zip
Home Phone #	Cell Phone #	
Email	1	
2nd Emergency Contact: Parent/Guardian Name	Relation to Child	
Address		
City	State	Zip
Home Phone #	Cell Phone #	
Email	1	
How did you hear about us?		

Study Skills Course - Summer Week: \$450/wk

Suited for students entering 5<sup>th</sup>-12<sup>th</sup> grade

□ Date: August 14 – August 18
 □ Date: August 21 – August 25
 Time: 9:00am- 12:00pm
 □ Time: 9:00am- 12:00pm



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## Additional information about your child:

Signature of Parent of Guardian:	Date:
If you have and desires or expectations for yo best to address them and work on those spec	our child during camp please share and we will do our cific tasks when possible.
Please share any information that you believe special interests, likes/dislikes, other behavior	e would assist us in better knowing your child such as rs, etc.
Which school does your child attend?	What grade is your child in?



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### **RELEASE OF LIABILITY**

	This Release is exe	cuted and delivered on this	day of
	, 2017, by		, parent or guardian
			dministrators, successors, and
assigns (collectively the "Rel			
= :	•	= :	cational Services, LLC, and their
		<del>-</del>	nich the releaser may now have
or may hereafter ever have			,
•	_		. This Release is intended by
			h may be suffered by Releasor,
and such rights which the Re			
=	· · · · · · · · · · · · · · · · · · ·	_	Release to the Releasee and
			ior to the execution and delivery
of this Release.	cerved good, variable, and	radequate consideration pr	ior to the execution and delivery
Signature of Parent of Gu	ardian		Date:
Witness		Dato	
Witness:		Date	
PHOTO/VIDEO RELE	ASE		
I give my permission for pho materials for Fick Education	= :		<del>-</del>
Signature of Parent or Gu	ardian:		Date:
Witness:		Date:	<u>.</u>
ACCEPTABLE COND	JCT POLICY		
Fick Educational Services, LL	C considers one of their pr	imary functions is to provide	e an opportunity for developing
independence and self-conf	dence through interaction	with others children, adults	s, animals, etc. Each participant
•	=		nduct by a participant which the
•			child's safety, the safety of other
children, staff, animals or th			
participation in programs an	d activities.	·	_
Signature of Parent or Co.	ardian:		Dato
Signature of Parent or Gu	ai uiaii		Date:
Witness:		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:

Cris Fick: fickeducation@gmail.com

#### Phone:

Cris Fick: 610-457-2199

Address of Study Skills Course and Mail Registration (Send Check)

17 Turner Lane

West Chester, PA 19380

Checks payable to: Fick Educational Services, LLC.

Be sure to check out the website for camp updates:

www.fickeducation.com