



# Executive Function & Study Skills 10 Week Course

2018 Registration Packet

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

**Please complete the following questionnaire so we are better able to serve 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**

We are offering two session options for our Executive Function & Study Skills Course which runs for ten weeks beginning on the dates listed below. Please circle the session you prefer:

**Monday, September 17<sup>th</sup>, 6 pm**

Or

**Thursday, September 20<sup>th</sup>, 6 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	

## 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 the course, please share with us. We will do our best to address them and work on those specific tasks when possible.	

\_\_\_\_ 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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## RELEASE OF LIABILITY

This Release is executed and delivered on this day of \_\_\_\_\_, 2018, 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 or Guardian \_\_\_\_\_ 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: \_\_\_\_\_

**Upon completion:** Please make copies of this form for your records and return original packet via email ([fickeducation@gmail.com](mailto:fickeducation@gmail.com)) or mail along with check for \$650 made payable to:

**FICK EDUCATIONAL SERVICES, LLC**

**17 Turner Lane**

**West Chester, PA 19380**

Be sure to check out the website for course updates:  
Fickeducation.com