

Child's Full Name		Director's Name	
Sibling(s) Enrolled* (if applicable)		Child's Date of Birth	EdG Student No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Present school and Grade	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	E-mail 1	Email 2
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> TRANSPORTATION:			
Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments: _____			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from: _____	to: _____	
<input type="checkbox"/> Tuesdays	from: _____	to: _____	
<input type="checkbox"/> Wednesdays	from: _____	to: _____	
<input type="checkbox"/> Thursdays	from: _____	to: _____	
<input type="checkbox"/> Fridays	from: _____	to: _____	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
_____	_____	_____
Name of Emergency Medical Care Facility:	Address:	Ph.#:
_____	_____	_____
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

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SCHOOL AGE CHILDREN:

My child attends the following school:

 Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home, ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ACCEPTANCE OF TERMS AND CONDITIONS/ WAIVER OF LIABILITY:

While Ed Gurukul, TRISRI Global Inc, BRIGHT RE Group LLC or any of the affiliates will take utmost care and precaution to minimize potential hazards, every student is responsible to take necessary safety measures and use sound judgment to protect herself/himself from injury. Ed Gurukul, TRISRI Global Inc. and BRIGHT RE Group LLC assume no responsibility for accidents that may occur in their premises or in the premises where any special events or arranged by Ed Gurukul Institute.

A waiver of liability is required for all scholastic enrollments. Ed Gurukul reserves the right to request withdrawal of any student whose conduct, attendance, or influence is regarded as undesirable. No Refund will be made any student who withdraws or dismissed from the session(s) enrolled.

We have read and understood this waiver of liability and explained to my Son/Daughter about the general safety measures. We have also read all the guidelines and understood the rules and regulations and we understand the decision of the management of the institute is final on all issues and concerns.

I understand that EdG ASEP is not a day care program, but a school age program.

I do grant permission to Ed Gurukul to take our Son's/Daughter's picture for publications or announcements; however the name will be not published for privacy.

Accepted and Agreed:

Parent Signature: _____ Date: _____

Allergies and Special Conditions

Please check all that apply to your child:

____ Ear Infections ____ Diabetes (onset) ____ Tonsillitis ____ Poison Ivy Allergy ____ Migraines ____ ADD/ADHD ____ Heart Defect/Disease
 ____ Bleeding/Clotting ____ Seizures ____ Hay Fever ____ Convulsions ____ Epilepsy ____ Asthma ____ Insect Allergy ____ Skin Rashes
 ____ Food Allergy (list below)

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child not listed above such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

Medications being taken

**Please list any medications your child is taking:* _____

**All medications must include a medication form on file, be prescribed by a doctor and delivered to the Afterschool Program in its original bottle. We do not administer over the counter medications without a written permission consented by primary care giver. ASEP Participant can carry rescue Medications with the prescribing doctor's written permission.*

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A RELEASE OF LIABILITY FOR STUDENTS (Parent/Guardian must sign if the student is under age 18.)

I, _____, Parent/Guardian of _____ (“my child”), hereby acknowledge that I have freely and voluntarily chosen to enroll my child in Ed Gurukul. In consideration for my child’s being permitted to participate in the classes, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further represent that I am eighteen (18) years of age or older and am competent to sign this affirmation and release.

I fully understand and assume all risks that may include, but not limited to, (1) loss or damage to personal property, (2) expenses, and (3) injury or fatality as a result of participation in activities involved therein, or walking, running, jumping, or other physical activity, or inclement weather and conditions, which may cause slips and falls.

I understand and assume the risks for my child’s participation in the Ed Gurukul activities. I further represent that my child is in good physical condition, and does not possess, nor I am aware of, any physical or mental disabilities that will limit his/her ability to participate in the Ed Gurukul activities unless the activities themselves are meant to be for children with special needs.

I EXPRESSLY AGREE AND INTEND THAT MY CHILD’S PARTICIPATION IN THE CLASSES AND ACTIVITIES SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER ED GURUKUL, TRISRI GLOBAL INC., BRIGHT RE GROUP LLC, ITS OWNERS, OFFICERS, MANAGERS, EMPLOYEES, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER THAT MAY ARISE OUT OF OR HAVE A CONNECTION WITH MY CHILD’S PARTICIPATION IN THE ACTIVITIES, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON HIS/HER PART, OR THE PART OF ED GURUKUL, TRISRI GLOBAL INC., BRIGHT RE GROUP LLC, ITS OWNERS, OFFICERS, MANAGERS, EMPLOYEES, AGENTS OR ASSIGNS, AND I DO HEREBY AGREE TO FORVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND DEFEND ED GURUKUL, TRISRI GLOBAL INC., BRIGHT RE GROUP LLC., ITS OWNERS, OFFICERS, MANAGERS, EMPLOYEES, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTIONS.

The laws of the State of Texas govern and construe the terms of this Release of Liability.

Accepted and Agreed:

Parent Signature: _____ Date: _____

MONTHLY FEE STRUCTURE:

Refundable Deposit:	\$ 200.00
Registration Fee:	\$ 75.00
Re-Registration Fee:	\$ 25.00
Monthly fee:	
August 2017	\$ 179.00
(Sept-Oct, Jan, Feb, April-May)	\$ 329.00
(Nov ‘17, Dec ‘17, & Mar ‘18)	\$ 259.00
EdG Math, MY English, Sure Science	\$ 75.00 / mo / course

- Minimum of 6 months required.
- 1 month notice required for cancellation.
- Self Paced Enrichment classes can be added for additional discounted fee.
- Basic ASEP Coursework comes with monthly tuition.
- Weekly fees cannot be assessed for ASEP Students.

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