

KEP ADMISSIONS FORMS

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:
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
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:

Signature – Parent or Legal Guardian

Date

KEP ADMISSIONS FORMS

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 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: _____

KEP Fee Structure:

Registration and Evaluation Fee:	\$ 25.00
Re-Registration Fee (if applicable):	\$ 15.00

Monthly Fee:

1 Day Plan	\$ 55.00
2 Day Plan	\$110.00
3 Day Plan	\$ 155.00
4 Day Plan	\$ 210.00
5 Day Plan	\$ 255.00

KEP Class time and Days:

<input type="checkbox"/> 9:00am-9:45am	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TR <input type="checkbox"/> F
<input type="checkbox"/> 10:00am-10:45am	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TR <input type="checkbox"/> F
<input type="checkbox"/> 11:00am-11:45am	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TR <input type="checkbox"/> F