



REGISTRATION FORM

Child's name: _____ M _____ F _____ D.O.B. _____

Age: _____ Grade: _____ School: _____ School Start Date: _____

Teacher's email address: _____

Requested days/times _____

Subject area with greatest need _____

Days/times unavailable _____

Mother's name: _____ Home Phone: (_____) _____

Home Address: _____ Work Phone: (_____) _____

*E-mail Address: _____ Cell Phone: (_____) _____

Father's name: _____ Home Phone: (_____) _____

Home Address: _____ Work Phone: (_____) _____

*E-mail Address: _____ Cell Phone: (_____) _____

Please read an initial each of the following policies:

_____ I hereby release, acquit and agree to hold harmless, Quest Academy, it's agents, instructors, successors, and assigns, from any liability or claims of any kids whatsoever, resulting or arising from my participation in any programs, classes, camps or any other function otherwise offered or sponsored or participated in by the Academy, including, but not limited to, the participation therein by my child(ren).

_____ Because our schedule is extremely tight, please arrive on time to pick up your child. I understand that emergencies arise at times, but there will be a \$10 late charge for students left in excess of 10 minutes unless previous arrangements have been made.

_____ Tutor students pay for each class they attend. If you have a private tutoring session scheduled, and you are unable to make it, please give us 24-hour notice. If your child wakes up ill, please text me before 8am, so that I can release your slot. (619-244-1396) **All no-shows, or late cancellations will be charged full tutoring fee for that session. Your child will remain on our schedule each month, and you will continue to be billed unless we receive written cancellation notice.**

_____ We will make our best effort to keep your child on a set schedule. However, *on occasion, your student may work with a different tutor.* If this happens, there will be direct communication with your child's substitute, always a Quest employee, as to your student's needs and lesson plans. As you wouldn't pull your student from school if they have a substitute, we request that you do not cancel your student's session if they have a substitute. **There will also be occasion that your child's tutoring time will need to be moved. Please expect changes during transitions months, such as August/September, January, and June.**

_____ If cancellations become excessive, your child may have to be removed from his/her spot and placed in a different time slot. *Please understand that to gain the most benefit from tutoring, regular attendance is necessary.*

Covid Policies:

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Quest Academy has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Quest Academy can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, office staff, and other clients and their families.

I voluntarily seek services provided by Quest Academy, and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that on each visit to Quest Academy:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Quest Academy harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the office, or that may otherwise arise in any way in connection with any services received from Quest Academy. I understand that this release discharges Quest Academy from any liability or claim that I, my heirs, or any personal representatives may have against the office with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Quest Academy. This liability waiver and release extends to the office together with all owners, partners, and employees.

Financial agreement:

Payments are due on the last session of each month to reserve your spot for the upcoming month. You may pay with cash, check, auto debit or Venmo @ Merrily-Medina. We prefer not to take credit cards. *It is our policy that all sessions be prepaid.*

All invoices will be processed on the last session of each month. Total fees will be calculated based on the number of sessions that month, and will be adjusted to accommodate for planned vacations or holidays. Thank you for understanding these rather strict guidelines. We often have a waiting list, and these policies help ensure I can service as many students as possible.

There will be a \$25 fee for any returned checks.

_____ Check here if you wish to enroll in auto debit. Your account will be debited the last week of the month to reserve your spot for the following month.

Account# _____ Routing# _____

***NEW POLICY:** Please provide your CC information below. It will ONLY be charged if you have not paid via another method by the 10th of the month. There will be a \$10 late fee included.

Account# _____ Expiration Date _____ CVC # _____

I understand and accept the above Quest liabilities, Covid-19 liabilities, and financial stipulations.

X _____ (Parent) Date _____

Registration Fee

QUEST ACADEMY

2526 Alpine Boulevard
Alpine, CA 91901
(619-244-1396)

Merrily Medina, and any employee of Quest Academy, has my permission to speak with _____(Teacher) regarding my child, _____, to collaborate educational strategies.

This permission is valid for the school year _____. I understand from this point forward, my student will be referred to as _____(Student initials).

X _____ (Parent) Date _____

Parents...please hand deliver this form to your child's teacher to keep on file in the office. Retain a copy for Quest. Thank you.