

# ELDRIDGE OVERTON EDUCATIONAL PROGRAMS REGISTRATION FORM

Telephone: 908-595-2106 Toll Free: 877-LEARN13 Fax: 908-595-2107 WWW.AYPACADEMY.COM

## Student Emergency Contact, Medical Information and Parental Consent

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

M    F  
Sex

Parent's/Guardian's Name \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

(    )  
Home Phone

(    )  
Work Phone

(    )  
Home Phone

(    )  
Work Phone

Address \_\_\_\_\_

Address \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_

COURSE TITLE	START DATE	# OF SESSIONS	COURSE FEE

### PAYMENT INFORMATION

**TOTAL:** \_\_\_\_\_

EOSOE'S POLICY ON REFUNDS: Written withdrawals must be in at least ten (10) business days before the start of the class, less a \$20 Administrative Fee per course.

Please make payable to Eldridge Overton School. Mail to: Eldridge Overton School, 991 US Highway 22, Suite 200, Bridgewater, NJ 08807.

- Check # \_\_\_\_\_ for the Full Amount Enclosed
- Money Order for the Full Amount Enclosed
- I have submitted my Visa/MasterCard payment on your website.

**Course**

**Location:** \_\_\_\_\_

Please do not complete this form for courses held on RVCC Campus.

## Alternative Emergency Contacts

Primary Emergency Contact \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_

(    )  
Home Phone

(    )  
Work Phone

(    )  
Home Phone

(    )  
Work Phone

Address \_\_\_\_\_

Address \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_

## Medical Information

Hospital/Clinic Preference \_\_\_\_\_

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Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release Eldridge Overton School of Excellence and individuals from liability in case of accident during activities related to EOSOE, as long as normal safety procedures have been taken. I give my consent for my child to be photograph or videotaped for promotional purposes. I do not expect compensation when EOSOE takes promotional photos and videos of students in the learning environment.

Parent's/Guardian's Signature

Date

Witness Signature

Date

**List All Persons Authorized to Pick Up Your Child. (Child will not be released to anyone else without written consent.)**

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Parental Authorization for Child to Participate in an Eldridge Overton Program(s)**

I hereby give permission for my child to attend and take part in all Eldridge Overton activities. I give consent for my child's picture to be taken by Kean University staff or area media personnel for occasional publicity needs. I understand Eldridge Overton School of Excellence, LLC(EOSOE) disclaims any and all liability for personal injuries and/or property damage arising out of my child's participation in the program. I understand that EOSOE is not responsible for lost belongings. I understand that my child may be suspended or terminated from the program, at the discretion of the director, for behavioral problems that endanger other people or create an unfavorable atmosphere for the rest of the group. I understand that there are no refunds for suspensions or terminations. I understand that my child will not be admitted to the program until I submit this completed form to the EOSOE corporate headquarters located at 991 US Highway 22, Suite 200, Bridgewater, NJ 08807.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature                      Child's Name (Printed)                      Date

**Please indicate if your child suffers from any allergies. It is the child's parent/guardian responsibility to administer any necessary allergy medicines.**

**Register by:**

**MAIL** Complete the registration form and MAIL it to: Eldridge Overton School 991 US Highway 22, Suite 200, Bridgewater, NJ 08807. Enclose a check or money order for the appropriate amount, made payable to Eldridge Overton School.

**VISIT US** Please bring completed form and payment to the front desk, Monday through Friday, 10 am-5 pm. Please pay by check, money order or cash please.

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## **Payment**

Registrations are accepted only when accompanied by full payment of course fees. Please pay by check, money order, online by Visa or MasterCard. **NOTE: There is a nonrefundable \$50 fee for returned checks.**

## **Confirmation of Registration**

Upon our receipt of your paid registration, permission form, and approximately two weeks before each course begins, we will send you a confirmation listing your child's course location.

## **Withdrawal from Class/Refund Policy**

If you wish to withdraw from a course, notify the office in writing immediately. Written withdrawals must be in at least ten (10) business days before the start of the class, less a \$20 Administrative Fee per course. You may fax your written request to (908) 595-2107. If we cancel a course, we will automatically issue you a full refund.