



NEW ENERGY EDUCATION CENTER

227 Michael Dr., Syosset, NY 11791 (516) 323-5157 www.newenergyedu.com

SUMMER PROGRAM REGISTRATION

Student Name: _____ Date of Birth _____ Gender _____

Address: _____

Current School: _____ Grade (in 9/2019): _____

Parent's Name (Father) _____ (Mother) _____

Tel: (H) _____ (W) _____ (C) _____

Email: _____

Emergency Contact Person(s): _____ Relationship: _____

Emergency Contact Phone: (H) _____ (W) _____ (C) _____

PLEASE LIST ANY MEDICAL OR OTHER INFORMATION PERTAINING TO YOUR CHILD'S ABILITY TO PARTICIPATE IN ANY ACTIVITIES:

I am registering my child(ren) in New Energy Education Center's program, who is in excellent health and able to participate in all activities. I fully acknowledge that participation these programs includes but is not limited to physical exercise which could cause injury of the participant. I am voluntarily participating in these activities and assume all risks of injury to my child that might occur. I acknowledge that it is my responsibility to decide whether my child is physically fit for participation. I hereby express release and hold harmless to the Company, its servants, agents, or employees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including the negligence of them and any loss of theft of personal property as a result of my participation in these activities. I further agree to allow the program to use photographs or video taken during the participation for future promotion purposes. During some of these sessions, it may be necessary for instructor to touch parts of her/his body. If my child(ren) expresses any objection or sensitivity to touching, it is my responsibility to inform the staff instructor. By signing this form I consent to appropriate touching by the staff instructor. I also agree to comply with the Rules and Regulations provided. **Once the class starts, there will be no refund available. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liabilities to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.**

PARENT'S SIGNATURE

TODAY'S DATE

	Regular Program	Half Day	Full Day	Lunch
<input type="checkbox"/>	Week 1: 7/1 ~ 7/5	\$ 200	\$360	\$24
<input type="checkbox"/>	Week 2: 7/8~7/12	\$ 250	\$450	\$30
<input type="checkbox"/>	Week 3: 7/15~7/19	\$ 250	\$450	\$30
<input type="checkbox"/>	Week 4: 7/22~7/26	\$ 250	\$450	\$30
<input type="checkbox"/>	Week 5: 7/29 ~ 8/2	\$ 250	\$450	\$30
<input type="checkbox"/>	Week 6: 8/5 ~ 8/9	\$ 250	\$450	\$30
<input type="checkbox"/>	Week 7: 8/12 ~ 8/16	\$ 250	\$450	\$30
<input type="checkbox"/>	Week 8: 8/19 ~ 8/23	\$250	\$450	\$30

Special Program:

Ai Research \$3000. 6/26-7/13; 7/15-8/2; 8/5-8/23.

Model UN: \$550 7/15-7/19

Public Speaking: \$550 7/22-7/26

SAT/ACT: \$1800 7/15-8/23

Payment Method:

REGISTRATION: \$50

TUITION FEE: \$

LUNCH: \$

TOTAL: \$

RECEIVED BY:

School reserves the right to dismiss or suspend a child for unsatisfactory behavior or physical needs for which we do not have the expertise in assisting the child.