



FALLS VIEW ACADEMY

Success through growth

28 East Street
Honeoye Falls, NY 14472

For Office Use Only

Dep. Amt.: \$ _____

Date Paid: ___/___/___

Total Cost: \$ _____

Date Paid: ___/___/___

2010 Falls View Academy Registration Form

PLEASE PRINT ALL INFORMATION. USE A SEPARATE FORM FOR EACH CHILD.

Child's Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: ___/___/___ Gender: M F

School: _____ School District: _____ Grade: _____

How did you hear about us: _____

Parent's Name: _____

Parent's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Please check this box if your child has the following: Individualized Education Plan (IEP) 504 Plan

Please include any additional related academic information: _____

What other program(s) is the student participating in during this session? _____

How will student be arriving to session? Walking Parent School Bus Other

Program Information

Please select your session programming and complete registration.

Registration Selection		
Program	Title / Description	Date / Time
Enrichment Class		
Club		
Workshop		
Playgroup		
Individualized Enrichment		
Tutoring 1 on 1		
Test Preparation		
College Readiness		
Home School Option		
Custom Program		

Payment Information

Please complete the below payment information in relation to your selected session registration.

Select	Program Type	Unit Price	# of Mtgs.	Discount	Total Cost
<input type="checkbox"/>	Enrichment Class	\$185.00	10		
<input type="checkbox"/>	Club	\$100.00	10		
<input type="checkbox"/>	Workshop	\$25.00 per wksp.			
<input type="checkbox"/>	Individualized Program (Enrichment, Tutoring, Test Prep)	\$50.00 per hour			
<input type="checkbox"/>	College Readiness	\$85.00 per hour			
<input type="checkbox"/>	Home School Option / Custom Program				
Total:					

*Discounts are available on all above rates based on the amount of registered services, total family enrollment, and return client record. Please inquire about discounted rates by calling or contacting FVA directly.

Please return (in person or by mail) completed Registration Form enclosed with payment information and deposit to **Falls View Academy**; in-person or by mail to **28 East Street, Honeoye Falls, NY 14472**, or by fax, **(585) 624-8052**. For questions regarding registration or payment call **(585) 624-8184**.

Please select payment method:

Check: Check Made Payable to Falls View Academy

Credit Card: MasterCard Visa American Express

Card #: _____ Expiration Date (MM/YY): ____/____

Name (as it appears on the card): _____

I _____ authorize the collection of payment for registered services by Falls View Academy, LLC through my selected method.
(Print your first and last name)

Authorized Signature: _____ Date (MM/DD/YYYY): ____/____/____

Authorization and Release Agreement

I, _____, the parent/legal guardian of _____
(Print your first and last name) (Print child's first and last name)

Give consent to my child's participation in the specified education programs. In an emergency I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize Falls View Academy staff to authorize or refuse necessary emergency treatment for my child.

I further agree to indemnify, protect and hold harmless Falls View Academy, its officers, board members, supervisors, agents, servants, employees, and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in this activity (collectively FVA Personnel) from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of FVA Personnel, as a result of my child's participation.

I further agree that Falls View Academy, its officers, board members, agents, servants, or employees reserve the right to terminate the participation of my child in the program for failure to behave and act in accordance with the Falls View Academy regulations on conduct, or for failure to follow the instructions and directions of the supervisors or chaperones, or for any acts of conduct deemed by the agents of Falls View Academy to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the program. If the participation is terminated, no participation fees will be refunded.

Parent/Guardian Signature: _____ Date (MM/DD/YYYY): ____/____/____

Emergency Contact Information

Emergency Contact #1: _____ Emergency Contact #2: _____

Phone Number: _____ Phone Number: _____

Relationship: _____ Relationship: _____

Enclosed: Registration Form Payment Immunization History Updated Physical T-Shirt Size: S M L XL