

Member: \_\_\_\_\_  
Amount Due: \_\_\_\_\_  
Payment Method: \_\_\_\_\_  
Payment Date: \_\_\_\_\_  
For Office Use



## Emergency Contact/Programs Confirmation

Name of Child Enrolled \_\_\_\_\_ Date of Birth \_\_\_\_\_ M or F: \_\_\_\_\_

Name of Programs Enrolled: \_\_\_\_\_

Dates Enrolled: \_\_\_\_\_

Dates PAID: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Father or Guardian's name: \_\_\_\_\_ Mother or Guardian's name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Who is responsible for child and can be reached while in our care? \_\_\_\_\_ Phone: \_\_\_\_\_

Designated person to pick up child: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Name	Address	Phone
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Dentist: _____	Name	Address	Phone
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	Name	Address	Phone
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Medications? \_\_\_\_\_

Comments? \_\_\_\_\_

List all allergies: \_\_\_\_\_

Please give any information concerning your child, which may be helpful:

\_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give permission to the Yampatika staff to secure emergency medical and/or surgical treatment for my child while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian

### Cancellation and Refund Policy:

- \*It may be necessary to cancel a course due to low enrollment. You will receive a full refund.
  - \*Yampatika will refund 80% of the tuition if you cancel earlier than 14 days prior to the course start date.
  - \*If you cancel after that there is no refund unless another participant on the waiting list can fill your space.
  - \*No exceptions can be made to the cancellations and refund policy, including medical or personal emergencies.
- Please understand this policy enables us to sustain our programs despite last-minute cancellations.