

# Little Diamonds Preschool

## Registration Form 2012-2013

lic. #073405691

### OFFICE USE ONLY

Email \_\_\_\_\_  
 Fees Posted and Collected \_\_\_\_\_  
 Registration Fee \_\_\_\_\_  
 File Folder Created \_\_\_\_\_  
 Payment Policies Explained \_\_\_\_\_

Today's Date: \_\_\_\_\_

New  Returning  Currently Enrolled In Other BD Program

**Student's Name:** \_\_\_\_\_  
   Last    First    Middle    Preferred

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_      Gender (circle):    Male    Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Work Phone: (    ) \_\_\_\_\_

Living with student: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Deceased: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Divorced: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes: Full Custody \_\_\_\_\_ Joint Custody \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Work Phone: (    ) \_\_\_\_\_

Living with student: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Deceased: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Divorced: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes: Full Custody \_\_\_\_\_ Joint Custody \_\_\_\_\_

**1. Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information

Student's Physician: \_\_\_\_\_ Physican's Phone: (    ) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy \_\_\_\_\_

Please list all medical concerns, allergies, or information we should know about your child: \_\_\_\_\_

### Monthly Tuition

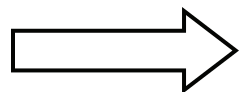
9:00am-12:00pm	Tuition
Tuesday/Thursday	\$290
Monday/Wed/Friday	\$380
Monday-Friday	\$490

9:00am-4:00pm	Tuition
Tuesday/Thursday	\$400
Monday/Wed/Friday	\$480
Monday-Friday	\$575

6:30am-6:00pm	Tuition
Tuesday/Thursday	\$435
Monday/Wed/Friday	\$505
Monday-Friday	\$715

Extended Care if available \$8 per hour  
 \*9:00-4:00 and 6:30-6:00 includes Spanish Immersion

Black Diamond Gymnastics LLC.  
 2015 Elkins Way Suite D  
 Brentwood, CA 94513  
 Phone: (925) 516-6619 Fax: (925) 516-0466



**Release of Liability and Assumption of Risk**

As legal guardian of \_\_\_\_\_, I hereby give permission for my child to participate in programs at Black Diamond Gymnastics LLC. I fully understand that Black Diamond Gymnastics LLC. staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release the Black Diamond Gymnastics LLC. staff to render temporary first aid to my child in the event of any injury or illness, or seek medical help, including transportation by a Black Diamond Gymnastics LLC. staff member, or its representatives, whether paid or volunteer, to any healthy care facility or hospital, or the calling of an ambulance for said child should it be deemed necessary. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Black Diamond Gymnastics LLC.

I recognize that potentially severe injuries can occur in sports or activities involving height or motion, including gymnastics, tumbling, and trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all programs at Black Diamond Gymnastics LLC., and I ACCEPT ALL RISKS associated with participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby covenant not to sue and forever release Black Diamond Gymnastics LLC., its officers, representatives, employees, or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Black Diamond Gymnastics LLC., including, without limitation, those damage or injuries resulting from acts of negligence on the part of its officers, representatives, employees, or agents.

**Parents, please make your children aware of the possibility of injury and encourage your children to follow all the safety rules and the instructor’s instruction.**

I have read and understand this MEDICAL AUTHORIZATION, ASSUMPTION OF RISK, AND WAIVER OF LIABILITY and I voluntarily affix my name in agreement.

**Marketing Release**

By signing below, I give permission for Black Diamond Gymnastics LLC. to photograph my child for marketing purposes. I understand that Black Diamond Gymnastics LLC. will not identify names with images, unless permitted. Initial the line if you do not want your child photographed.

**Payment Information**

There is an annual membership fee due at the time of registration. Tuition is due by the first day of each month. Refunds are only granted for families moving out of Contra Costa County and medical reasons related to the participating student (doctor’s note must be provided). There is a \$20 returned check charge for any checks returned by the bank. I understand that if my check is returned by the bank, Black Diamond Kids Center will require automatic credit or debit card payments for all future payments. Accounts that become 30 days overdue will be considered grounds for collections action.

**Credit or Debit Card Charge Authorization Agreement**

I understand that I must have credit or debit card on file. I understand that I may still pay for services, products, tuition, etc. by cash, credit/debit or check, however my credit or debit card will be charged the balance of my account if my account is not paid by the first day of each month. I hereby authorize Black Diamond Gymnastics LLC. dba Black Diamond Kids Center, to charge my credit or debit card for all services and products related to my family’s enrollment in classes and activities at Black Diamond Kids Center, including but not limited to tuition, memberships, special events, accessories, etc. (Fees are subject to change.) I understand that it is my responsibility to inform the Customer Service Office of any changes to my credit or debit card including but not limited to card expiration, name change, loss or theft of card, etc. In the event my credit or debit card is declined for any reason, I understand I will be responsible for the full payment as well as any late charges or service charges related. I have read this agreement and understand that I will be held responsible for its terms and conditions of service.

**Drop Class Form**

I understand that Black Diamond Kids Center will assume that my child(s) will continue in their class(es) each month until I submit a drop class form. I understand that I must complete a drop class form and submit it to the Customer Service Office two weeks prior to discontinuing classes otherwise I will be responsible for any unattended classes and all account balances (It is not acceptable to turn in the drop class form to anyone except the customer service office). I understand that I am responsible to pay all account balances. If this form is not submitted to the Customer Service Office 2 weeks prior to the beginning of a new month of classes, I understand that I am still responsible to pay, (at the time of submitting this form), all tuition, fees, etc. associated with enrollment in that class(es). A Drop Class Form does not need to be submitted for class transfers. Simply call or visit the Customer Service Office to transfer classes or programs.

Print Name of Parent \_\_\_\_\_

Parent’s Signature \_\_\_\_\_

Date \_\_\_\_\_

After School Programs:

Spanish Immersion 2pm-4pm	Tuition
1 Day	\$285
2 Days	\$375
3 Days	\$485
5 Days	\$430

TOTAL FOR ALL STUDENTS	
Discount 5% off 2nd and 10% off 3rd sibling	
Discount 5% off if yearly tuition paid in full	
Registration Fee: \$100	
Total Due:	