

Application Challenging Opportunity Enterprises



"Success Is Not Optional"

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size _____

School Attending: _____

Grade attending for year 2016-2017: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ Cell: _____

Parent email: _____

(Include area code with telephone)

Mother's/Guardian name: _____

Mother's day phone: _____ Mother's cell: _____

Father's/Guardian name: _____

Father's day phone: _____ Father's cell: _____

Persons Authorized to pick up child: _____
(Please provide a copy of their ID)

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes if so, please specify: _____

Lunch: Lunch and snacks are not provided. Please be sure that your child's lunch is clearly marked with your child's name and last name. Glass bottles/containers are not allowed.

Payments: Fees may be paid by cash, square pay or pay-pal only to be paid the week of service or for full sessions.

Fees:

- **Registration Fee:** \$25.00 per session
- **Tutoring:** \$15.00 per hour (12:00 pm – 3:00 pm)
- **Boys Special Programs:** \$30.00 per day (Saturday 9 am – 11:30 am)
- **Special Programs:** \$100.00 per week or \$25.00 per day 8 am – 4 pm (Winter, Spring, Summer Breaks)
- **Late fees:** (\$20.00 for every 15 min late or any part thereof if late picking up your child)

APPLYING FOR:

_____ **Boys Program (6 week Programs unless otherwise stipulated)**

_____ **Tutoring**

_____ **Special Program (check the one that applies)**

- _____ Winter Program
- _____ Spring Program
- _____ Summer Program

Contact Information

For more information, contact Dr. Feager A. Pertilla,
323 759 2364
Email: coeeducate@gmail.com

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

I understand that the Registration and other fees are due the day of the program (spaces limited). We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to all days for each session you choose for your child.

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies_____

Student Medical Problems_____

Doctor_____Phone number_____

Insurance carrier_____Policy number_____

Who is financially responsible for the student? _____

I hereby give permission to **Challenging Opportunity Enterprises** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (child's name) _____ is in good mental and physical health condition to participate in the activities provided by **C. O. Enterprises**. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **C.O. Enterprises, its employee and its staff** from liability to the above named child, of the person claiming through him/her, arising from injury to the person or property of the above named occurring in the premises of **C. O. Enterprises**, including any event sponsored or sanctioned by **C. O. Enterprises** and or travel to and from such activities.

I understand that **C. O. Enterprises** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of the program, etc.) or becomes involved in any activity or with any persons not associated with **C. O. Enterprises** or its scheduled program and that **C. O. Enterprises has** the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature_____Date_____

**Where: Oasis 521 E. Manchester Blvd.
Inglewood, CA 90301
ACROSS FROM VONS MARKET IN INGLEWOOD**

HOURS: 8:30 am – 3:30 pm Saturday

Front door...Street parking ONLY

**Contact us: 323 759 2364
www.4coe.org**