



Spring Camp Registration Form

SECTION A: CHILD INFORMATION

Student's Name:

Date of Birth:

/ /

Mother/Guardian Name:

Phone:

E-mail Address:

Father/Guardian Name:

Phone:

E-mail Address:

Emergency Contact (Other than Parents):

Phone Number:

SECTION B: MEDICAL INFORMATION

Asthma Yes No

Gluten Intolerance or Special Diet Yes No If Yes, Specify: _____

Other: _____ Yes No

SECTION C: SUMMER WEEK

Weeks	Monday 4/7	Tuesday 4/8	Wednesday 4/9	Thursday 4/10	Friday 4/11	Total Tuition
Week Tuition \$450.00						

To register in our program, a non-refundable deposit of \$100 is required. Please read the following terms and conditions carefully before proceeding with your deposit:

1. Reservation Deadline: Your deposit must be submitted by **(3/28/2025)** before the start date of the class.
2. Non-Refundable Deposit: The \$100 deposit is non-refundable under any circumstances. This includes but is not limited to cancellations or withdrawals from the class.
3. Final Payment: The remaining balance for the Spring break week is due on the first day of the class **(4/4/2025)**. Failure to pay the full amount may result in the forfeiture of your reservation and deposit.
4. Transferability: Deposits are non-transferable to other individuals or future classes or weekly tuition.
5. Acceptance of Terms: By submitting your deposit.
6. For questions, please contact MY Learning Center **(626) 879-8600**

SECTION D: DISCLOSURE AND SIGNATURE

Parent Signature: _____

Date: _____

MY Learning Center
1 E. Foothill Blvd.
Arcadia, CA 91006
Phone: (626) 879-8600
Email: Mylearningcenterllc@gmail.com