

ONE SPARK ACADEMY

Session 3 Registration Form

January 23-March 15

Step 1: Select activities from course schedule. Include Teen Center enrichment courses if registered and confirmed with CRPD. If no class is selected for a day where other courses are selected, please write in "NONE". It will be expected that student will not be present (on site) at that time.

Step 2: Sign up online at **One Spark Academy** to ensure space is available for preferred courses.

Step 3: Complete registration form below and SIGN WAIVER. (Complete other forms: Participant Agreement, Math Survey if applicable)

Step 4: Register in person during designated times, or mail registration/required forms with check made out to **One Spark Academy**, or cash to:
501-I S. Reino Rd. #296, Newbury Park, CA, 91320. A confirmation will be sent to registered address.

PLEASE PRINT CLEARLY

Child's information First: _____ Last: _____

DOB (mm/dd/yy): ____/____/____ Gender: _____ Grade, Fall, 2011: _____

Previous school(s) attended or, indicate homeschooled: _____

FALL, 2011-2012 homeschool (private, charter, please indicate): _____

Home address: _____

Child's email address (or indicate n/a): _____

Parent(s) information First: _____ Last: _____

Day/work phone: _____ Evening phone: _____

Email: _____

Will you be assisting on site? _____ If so, best day(s)/time(s): _____

How can you help support our community? _____

Emergency contact: First: _____ Last: _____

Relationship to student: _____ Phone number: _____

Are there specific days that your child will be staying late at the Teen Center? _____

(7th grade students or older may stay on site after 2:00 at no charge)

Please indicate that you have read our philosophy online.

Waiver and Program Participation

The undersigned hereby agrees to defend, indemnify and hold harmless One Spark Academy, the Thousand Oaks Teen Center, and the Conejo Recreation & Park District and its officers, employees, vendors, and agents against any and all loss, liability charges, expenses (including attorney's fees) and costs of whatsoever character which may arise by reason of participation in any program, and/or any injuries which are in any way the result of negligence or misconduct on behalf of the participant. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay and all costs incurred as a result of said treatment. I understand that I may inspect the facilities provided and determine they are reasonably safe for their intended purposes and, whether or not having conducted my own inspection, I agree to expressly assume the risk of participation at the premises.

Signature: (Parent/Guardian) _____ **Date:** _____

Signature required to process registration

Child's Name First: _____ Last: _____

- For each time block and day, indicate the course name and number. If participant is not attending a class on a day in which other classes are attended, please write in "NONE" to confirm that child will not be on site during that block.
- Indicate any Teen Center courses that have been registered for.
- Indicate separate fees only if a **Flex Plan (A-D)** is not selected. Flex plan options:
 - Option A: Four (4) days, M-TH, 8:45-2:30;** mix and match core and study sessions (space permitting), including lunch option. **\$1,000.** (\$20 credited for each Teen Center enrichment course taken on days/times of attendance)
 - Option B: Two (2) days, M/W or T/TH 8:45-2:30;** mix and match core and study sessions (space permitting), including lunch option. **\$600.** (\$20 credited for each Teen Center enrichment course taken on days/times of attendance)
 - Option C: Morning classes only, M-TH, 8:45-12:30 (pick up);** mix and match core and study sessions (space permitting), NOT including lunch option or lunchtime supervision. **\$780.** (\$20 credited for each Teen Center 11:15-2:30 Physical Education course taken)
 - Option D: Study Sessions only,** any TWO (2) days, 8:45-2:30, , space permitting, lunch option included. Supervising instructors support your student while he/she is working independently on home school curriculum only. Daily plan must be arranged and checked by parent. **\$460** (\$20 credited for each Teen Center enrichment course taken on days/times of attendance)
 - Option E:** Individual course selection. **Please indicate fees below ONLY** if selecting this option.

Time	Monday	Tuesday	Wednesday	Thursday
9:00-10:45 Course name				
Course number if shown	Fee:	Fee:	Fee:	Fee:
11:15-12:30 Course name				
Course number if shown	Fee:	Fee:	Fee:	Fee:
Lunch, only Supervision	Fee:	Fee:	Fee:	Fee:
Lunch included	Fee:	Fee:	Fee:	Fee:
1:30-2:30/3:15 Course name				
Course number if shown	Fee:	Fee:	Fee:	Fee:

Total for courses, or subtotal for Flex Plan, if taking CRPD enrichment courses*: _____

*Option A-D Teen Center enrichment courses on days/times of attendance: (Number) _____ x \$20= _____
(Can only be credited immediately if paying cash or check). Deduct amount from subtotal.)

Total amount paid: _____ (Sibling discount will be credited separately)

Method of payment: Cash Check (# _____) PayPal, credit card (paid online)

(Mail to: 501-I S. Reino Rd. #296, Newbury Park, CA, 91320)