



REDLANDS ICCR/PEACE ACADEMY (Est. 2007)

Sunday School Registration Form 2023-24

	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<i>Father's</i>			
<i>Mother's</i>			

<i>Home Address</i>	
<i>City, State Zip</i>	

PHONE	<i>Home</i>		
	Father Cell		Mother Cell
	Email		

	<i>First Name</i>	<i>Last name</i>	<i>Allergies</i>	<i>DoB (mm-dd-yyyy)</i>	<i>Gender (F/M)</i>	<i>Level</i>
<i>1stChild</i>						
<i>2ndChild</i>						
<i>3rdChild</i>						
<i>4th Child</i>						

Fee Schedule:

Tuition: \$ 50/child/month, Arabic (Optional): \$20/child/month.

Registration Fee: \$20/family

Payment MUST be made by 1st Sunday of every month to continue enrollment.

Name & Signature of Parent/guardian: _____

Date: _____



Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. Peace Academy (PA) will observe CA Public Health Dept guidelines for mask, social distancing and hand washing. However, PA cannot guarantee your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while utilizing PA’s services or premises.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize PA’s services and enter PA’s premises.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against PA and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing PA’s services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of California will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor/s named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____ Date: _____