

RELEASE

I hereby release Key Dreams Inc. all of its employees and or representatives from all claims resulting in injury, not directly caused by the negligent actions of Key Dreams, Inc. relating to Giochiamo in italianoSM or any of its employees and or representatives, while participating in a Giochiamo in italianoSM class.

We have the right to refuse registration or withdraw your registration if we find that you or your child is a disruption to the class and its members. By signing this release I give Key Dreams Inc. permission to take pictures and/or video of my child for marketing and training purposes.

We learn from example and here are some things we ask of you and your child to help build a quality class environment and experience:

- Do not talk or socialize during class, as this is a time to bond with your child.
- If your child is crying and/or upset try to calm them down. If crying persists please leave the room and come back when the child has calmed down.
- If your children stands up during a song or game it is acceptable. If they begin yelling, screaming or become disruptive please try to calm them down.
- NO food or drinks where our classes take place.
- If your child is sick please reschedule and use your make up class.

Missed classes/Refunds

Make-ups for a missed class are allowed during a current session only or when a scheduled class is announced (excluding Mangia, MangiaSM and Italian Conversation classes). We will offer a full refund during the first week of class minus any class taken that week only. No refund will be given after that. There is a one time, non-refundable registration fee of \$60, and a \$25 fee for bounced checks. Any sibling 6 months or older that comes to class will have to pay a sibling tuition.

I (print name) _____ hereby understand all the above information and agree.

Signature _____

Date _____

1st Child's Name_____

Age_____ Date of Birth_____

Fall Play Group Letter_____ Second Choice_____

Winter Play Group Letter_____ Second Choice_____

2nd Child's Name_____

Age_____ Date of Birth_____

Fall Play Group Letter_____ Second Choice_____

Winter Play Group Letter_____ Second Choice_____

Mother's Full Name_____

Father's Full Name_____

Name of other attending class if not parent:

Address: _____

City: _____ NJ ZIP _____

Home Phone (____)_____

Work Phone (____)_____

Cell Phone (____)_____

Email_____

Emergency Contact: _____

Contact Phone:(____)_____

How did you hear about us?_____

Cash/Check amount enclosed:_____

Please note: there is a one time, non-refundable registration fee of \$60

****Sibling discounts are available!**

Please mail & make checks out to:

Key Dreams

551 Park Ave, Scotch Lane NJ

07076

C/O Lets Play In Italian