



Located at:
798 Dover Drive
Newport Beach

*across from
Bob Henry Park &
The Castaways
Residential Community

Spring Early Einsteins 2012 Registration Form

Please mail or fax completed form with payment to:
Early Einsteins of Newport Beach
P.O. Box 13101
Newport Beach, CA 92658
(949)607-9724
Fax: (949)427-2659

Child's Name _____ Date of Birth ____/____/____ Boy / Girl

Parents' Names _____ Email _____

Address _____ City _____ Zip _____

Home # _____ Cell # _____ Work # _____

School Attending Fall '11 _____ Grade Enrolled Fall '11 _____

Emergency Contact _____ Phone # _____

Allergies/medical conditions _____

How did you hear about Early Einsteins? _____

Please list your 3 preferred times from the schedule

1. _____ 2. _____ 3. _____

Spring Classes at Early Einsteins meet once per week. We accept cash, checks, VISA, Mastercard, and American Express. Please choose a payment option below. Second child discount 10%. Payment and Registration form are due on or before the first day of class, February 27, 2012. Class ends the week of June 18th. Late Fee of \$30 applied after 10 days. SORRY, **NO REFUNDS** after February 27th.

_____ Check/Cash enclosed for the entire 16 week session \$480- **Best Deal**

_____ Please charge my credit card for the entire 16 week session \$480- **Best Deal**

_____ Please charge my credit card in two installments of \$260 each on 2/27 and 4/27. Card must be on file.

Cardholder's Name _____

Card # _____ Expiration date ____/____

Billing Address _____ City _____ State _____ Zip _____

I authorize Early Einsteins to charge my credit card.

Signature _____ **Date** _____

In consideration of your accepting this registration, I, the parent or guardian of the above named student, hereby give my consent and agree to release and hold harmless Early Einsteins of Newport Beach and any of their directors or instructors from any liability, claim, or action for personal injury and/or property damage resulting from, arising out of, and/or connected to the child's participation in Early Einsteins classes or special events for this session, and future sessions. I am committing to the entire session and agree to pay the full tuition. If my child is absent from a class it is my responsibility to schedule a make-up class. Make up classes based on availability and are not guaranteed. No refunds after February 27th.

Signature _____ **Date** _____