



Exhilaration Academy

Enrichments Enrollment Process and Fees

Our interactive enrichments are geared for public, private, or home-schooled learners

Exhilaration Station is not a school or childcare center. We do not provide staff for child supervision outside the classroom, which includes before classes, during lunch breaks or after classes.

- Call the Station at 530-303-3372 or email at info@exhilarationstation.org to set up a tour and meeting date/time with one of our instructors.
- If you wish to enroll, you will then receive and fill out a registration packet.
- At this time, you will choose from the matrix of enrichments.
- Enrichments are offered as a single opportunity or as a discounted bundle.
- We will help you with a schedule and give you a calendar of your classes for easy reference.
- Once these steps are completed, a contract is signed and fees are paid, you are part of our new Exhilaration Academy!!
- If home schooled, order Charter school vouchers or POs to pay for your enrichments.

Fees

# of Enrichments	Daily/session	Weekly	Monthly
A la carte (1 class)	\$16	varies	varies
Bundle Option #1 (2 day/week – 6 classes per week)		\$85	\$340
Bundle Option #2 (4 days or 12 classes per week)		\$170	\$680



Exhilaration Academy Class Schedule



Time	Monday	Tuesday	Wednesday	Thursday
9:00 am - 10:00 am	Music Lab	Petite Ballet	Music Lab	Arts & Crafts
10:00 am - 11:00am	STEAM	Life Skills	STEAM	Life Skills
11:00 am -12:00 pm	Multisensory Experiences - brain training	Fables and Fun - Literacy Learning & Activities	Multisensory Experiences - brain training	Fables and Fun - Literacy Learning & Activities
1:00 pm - 2:00 pm	Foreign Language Spanish	Exhilarating Engineers	Foreign Language Spanish	Exhilarating Engineers
2:00 pm - 3:00 pm	Unicorn Yoga for Kids	Little Chefs	Animal Planet	Little Chefs
3:00 pm - 4:00 pm	Animal Planet	Let's Get Physical Health/Wellness	Let's Get Physical Health/Wellness	Petite Ballet - starts at 3:30 pm
4:00 pm - 5:00 pm	Capoeira - Martial Arts		Capoeira - Martial Arts	Petite Ballet - ends at 4:30 pm

1 hours classes with 15 minutes play at the end of each class

* These courses exceed the minimum requirements for physical education in the state of California (Education Code Section 51223)



Exhilaration Academy



Enrichments Enrollment Contract

Child(ren)'s Name(s):

Parent/Caregiver/Guardian's Name:

Classes Enrolled in	Fees per class
Total Due per week	

Contract Terms

Upon signing, I acknowledge my child's enrollment in the above-listed classes. I understand that payment for classes will be due to Exhilaration Station at the start of the week. Failure to pay will result in my child being dropped from the course.

Parent/Caregiver/Guardian's Signature:

Date:



Exhilaration Academy Parent/Guardian Contract

This contract is made between the parent(s)/guardians and *Exhilaration Station Family Resource Center*

Parent/Guardian Name	
Address	
Phone	
Email	

Parent/Guardian Name	
Address	
Phone	
Email	

Child Name		DOB	
Child Name		DOB	
Child Name		DOB	

Payments

Payments are due to Exhilaration Station Family Resource Center before starting a class. Cash, personal check, credit card, or money order are accepted. Returned Checks: **\$35 returned check fee**. *If more than one returned check: only cash or money orders will be accepted as payment.*



Absences and Late Pick-ups

Pricing is NOT discounted due to absences for any reason because their spot is reserved, and staff still need to be paid. Refunds or credits are not issued to families because of absences.

Holidays: Exhilaration Academy will be closed on major holidays and prices will reflect closures.

Exhilaration Station may be open for business on holidays, but Exhilaration Academy payments do not cover the Open Play fees.

Vacation: Please let us know at least two weeks in advance about vacations, fees will NOT be discounted for vacations.

Sick Days: When a child is ill, please let us know as soon as possible for planning purposes and so we don't worry.

Termination of Contract

This contract may be terminated by the parent(s) or Exhilaration Station Family Resource Center. A week's notice of termination prior to the last day is required from parents. *Exhilaration Station Family Resource Center may terminate the contract without notice for non-payment, behavioral issues, ethical reasons, or other issues that may arise. It is up to the discretion of Exhilaration Station Family Resource Center to enforce this contract, failure to enforce portions of this contract does NOT void the contract in its entirety.*

**Exhilaration Station reserves the right to revise the contract as necessary.*

Signatures

The signatures below indicate agreement with this contract and with the written policies of Exhilaration Station Family Resource Center (separate documents). The Exhilaration Station Family Resource Center may change policies as needed with advance written notice.

Parent Signature		Date	
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Exhilaration Station RELEASE OF LIABILITY AND ACCIDENT WAIVER

Parent/Caregiver/Guardian Responsibility:

By signing this Waiver, I assume all risk of my child(ren) and/or myself participating in any of the activities at Exhilaration Station or OFFSITE EVENTS. I, as parent or legal guardian of minor(s) listed below, **now and in the future**, hereby grant permission to allow child(ren) to participate in all activities at Exhilaration Station or OFFSITE EVENTS and understand that all activities and play equipment endure certain known and unknown risks.

As parent, caregiver and/or legal guardian, I remain legally responsible for any personal actions taken by the below named child(ren). I agree on behalf of myself, my child(ren) named herein, or our heirs, successors, and assigns, to hold harmless, and indemnify the parties from, and defend Exhilaration Station, its Board officers, staff, and volunteers AND any individuals connected to our offsite events arising from or in connection with my child attending activities or in connection with any illness or injury or cost of medical treatment in connection therewith.

I agree to compensate Exhilaration Station, its Board officers, staff, and volunteers associated with the activity for reasonable attorney's fees and expenses arising in connection with any action or claim brought or made (or threatened to be brought or made), for, or on account of any injuries or damages, received or sustained by myself and/or my child(ren) arising during the course of the activities.

By signing below, I recognize and am aware that Exhilaration Station is **NOT a licensed day care facility**.

Medical Release:

I hereby warrant that to the best of my knowledge, my child(ren) is/are in good health, and I accept all responsibility for the health of my child(ren) and assume the risk for any medical or physical/mental condition the minor(s) may have.

I consent to receive any medical treatment deemed advisable for an injury to myself or my child(ren) during the activity. I certify that I have adequate insurance to cover any illness, injury or damage or else agree to pay the costs of such illness, injury or damage myself.

Although Exhilaration Station is taking all precautions to provide a sanitized, safe environment, I agree to follow all **COVID 19 (or any other virus)** rules and regulations and understand the risk of contracting illnesses in a public setting.

Media Release:

I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising without compensation.

I acknowledge that I have carefully read this 'Waiver and Release' and fully understand that it is a release of liability. With my signature below, I am waiving any right that I may have to bring legal action to assert a claim against Exhilaration Station, its Board officers, staff and volunteers.

Parent/Caregiver/Guardian – please fill out and sign below:

Date: _____

Print name of adult: _____

Relation to Child(ren): _____

Email: _____

Phone: _____

Signature of adult: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Comments:

Exhilaration Station
Contact and Health Information



Child(ren)'s Name(s):

Parent/Caregiver/Guardian's Name:

Phone:

Email:

Emergency Contact:

_____ Phone: _____

Medical Information

Allergies:

Food: _____

Medicine: _____

Environmental (plants, insects, animal, other):

Any developmental disability health concerns? Any trauma related concerns?

Sensory Triggers (Smells, Sounds, Stimuli, Other):

Possible Limitations

My child can participate in all activities: Yes _____ No _____

If no, my child can participate with the following limitations or adaptations:

Parent/Caregiver/Guardian Signature

Date
