



Summer 2007 Enrollment Form For Ages 3-7

All Sessions Are Monday Through Thursday 9:00 Am To 1:00 PM

- Session 1 June 11-14 \$ 150.00
 Session 2 June 18-21 \$ 150.00
 Session 3 June 25-28 \$ 150.00
 Session 4 July 9-12 \$ 150.00

1. Check session(s) registering for.
2. Make checks payable to Kid Magic LLC.
3. Mail enrollment form with tuition to:

Kid Magic LLC
Preschool/Kindergarten
Summer Program
P.O. Box 1263
Bellevue, WA 98009

Tuition Enclosed \$ _____

Child's Name _____ Male _____ Female _____

Grade Entering In Fall _____ School _____

Parent(s) Name _____

Home Address _____

City,State,Zip _____ Home Phone _____

Cell Phone _____ Email _____

Waiver of Liability: In consideration of your accepting this registration, for the programs offered by Kid Magic LLC, I hereby, for myself, my heirs, executor assigns and personal representatives waive any and all rights and claims for damages that the minor participant now, or may hereafter have, whether now known or unknown, against Kid Magic LLC, its director, employees, agents, independent contractors and volunteer workers, for any injuries suffered by the minor in connection with participation in said program.

Parent Signature(s) _____ Date _____

_____ Date _____

Enrollment Not Valid Without Signed Waiver Of Liability