18345 Ventura Blvd. #500 Tarzana, CA 91356 www.EACseminars.com

REGISTRATION FORM

"Investment in the present is an investment in the future."

PERSONAL INFORMATION PARENT 1: First Name Last Name Marital D.O.B Sex: Occupation Status Month Day Year Si M Se Di W DP Address Apt# State City Zip Cell# Home # Area Code EMAIL Mandatory PARENT 2: First Name Last Name Marital D.O.B Status Occupation Sex: Month Dav Year Si M Se Di W DP Address Apt# City State Zip Cell# Home # Area Code Area Code EMAIL Mandatory CHILD: First Name Last Name D.O.B T-Shirt Size (Please circle): Medium Small Large Extra-Large Sex: Day Month Telephone: **Emergency** Contact 1: **Emergency** Telephone:



Applicant's															
ast Name						First Name					DOB				
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NOTICE OF IMPORTANT INFORMATION

Educational Awakening Center (EAC) workshops are designed to support people in being more effective in realizing and reaching their personal goals. Through a series of informative lectures, experiential exercises, and voluntary sharing, the workshops provide the space for people to create new possibilities and to express themselves in their natural and genuine form, therefore creating extraordinary personal reward.

Kids In Action is a fun, interactive 2-day workshop designed to inspire children to discover their true potential. Engaging activities will encourage self-awareness and provide tools to support emotional identification, self-regulation, and effective communication. Children are empowered and will practice making choices and dealing with consequences of what they have chosen in a lively atmosphere that keeps them involved and interested.

EAC workshops do not constitute therapy, psychotherapy, counseling, or intent to replace existing therapy. The staff, coaches, and trainers are not certificated therapists. If your child has a history of mental illness or serious emotional problems, we recommend that you consult with a mental health professional. If this may be an issue, we recommend that your child not participate in the program. If you have any guestions, please contact EAC.

Initial 1 Initial 2

WORKSHOP OF INTEREST

CLASS	CLASS		PRE-REGISTRATION RA				PO	LICY (R	ead Thorou	ughly and li	nitial)				
Kids In A	Kids In Action		*\$345 * If paid in FULL in one installment an submitted along wit completed forms. (not valid for registrathe first day of work			all fer on on	∞ In th ∞ If un	POLICY (Read Thoroughly and Initial) ∞ A non-refundable deposit of \$100.00 is required to reserve your place in workshop. - This non-refundable deposit will be used for the trainers to purche supplies, snacks, and art materials. ∞ In case of cancellation, a written request MUST be received at least 7 day; the workshop start date, at which time \$100 of fees paid are non-refundal ∞ If you register with less than 7 days before the start of the seminar, you ful understand you are waiving your right to cancellation and that you are limit options listed below. ∞ All fees paid are non-refundable upon start of the workshop. ∞ Workshop location subject to change prior to start of the workshop.							
DATE OF WOR	(SHOP:														
PAYMENT A Cash		RIZATION NOT send cash by mail			\$			Received by							
Check*	Check* Check#				\$					State					
	* RETURN CHECKS SUBJECT TO \$45.					EE.	PRIC	E SUBJE	СТ ТО СН	IANGE WI	THOUT N	OTICE			
Credit Car	d Cardholo	olders Name					3 Digit Co								
	MC	Visa	Di	s	\$		cc #						Exp. Date		
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	Address										State	Zip			
the undersigned,	have thoroug	ghly read a	nd unders	stand				FC	R OFFI	CE US	E ONLY	(Balance		
_ "POLICY" information pertaining to the workshop of interest. I thorize Educational Awakening Center (EAC) to charge my						Date)	Cash	Check#	ccAuth#	Amount	Rcd By	/ \$		
	dit card for the specific charges. This authorizations to be held														
or EAC's information	EAC's information only and will not be released to														
ny unauthorized p	unauthorized persons.														
			D-4:												
gnature: X			Date: _												

plicant's st Name		First Name	pe DOB Mo Day Y
HEALTH INFORMATION Are there any limitations that would impact your child's participat	ion in phys	ical/verbal a	activities? If yes, please describe:
Has your child been diagnosed with any medical condition?	□ Yes	□ No	If yes, please list:
Is your child currently on any prescription medication?	□ Yes	□ No	If yes, please list:
Any other health conditions/allergies (for snacks):			
and understand ALL "POLICY" information related to the I understand that this workshop is not rendered for individu	attend the e workshouals who n	Kids in Acop in which	ction workshop of my own will and I have thoroughly read
or remove him/her from the program, if necessary. I understand that aggressive behaviors are not permitted i self or others, my child may be discharged from the trainin Although the workshops conducted by EAC remain confidence.	n the traini g. ential by th	ing. Durino	g the course of the workshop, if at anytime my child is unsafe to , there are some exceptions to this rule. If physical or
I take full responsibility to ensure that my child will attend a workshop, as scheduled. In addition, I agree to participate	all parts of	the worksl	hop at the scheduled times for the entire duration of the
 9:00 AM - 10:30 AM, Saturday, April 27, 2019 3:30 PM - 5:00 PM, Sunday, April 28, 2019 			
I understand that lunches are not provided by EAC. I agree	e to provid	de my chilo	d with lunch and snacks on each day of the training.
I agree and acknowledge that I am fully aware that my chil counseling, or intent to replace existing therapy. I am fully			ne workshop does not constitute therapy, psychotherapy, er staff, coaches, and trainers are not certificated therapists.
I understand that if my child has divorced parents, both patraining.	arents are	required to	give written consent for my child's participation in this
I have read and answered all the above questions correct	ly.		