

KIDS KOUNTRY ENRICHMENT PROGRAM, INC.

Application for: *Before & After School* for term _____ **(PAGE 1)**

SCHOOL: **VOYAGER ACADEMY**

REGISTRATION FEE OF \$25.00 PER FAMILY IS DUE WITH APPLICATION. _____

(PLEASE PRINT) COMPLETE ALL BLANKS WITH INFORMATION OR N/A

(Legal) _____ (Preferred) _____
NAME OF CHILD _____ NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE _____ GRADE _____ EMAIL _____

FATHER'S NAME _____ HOME PHONE _____

WHERE EMPLOYED _____ BUS. PHONE _____
PAGER # _____ CELLULAR # _____

MOTHER'S NAME _____ HOME PHONE _____

WHERE EMPLOYED _____ BUS. PHONE _____
PAGER # _____ CELLULAR # _____

IF WE NEED TO CALL, PLEASE LIST

NAME & AGE OF ANY BROTHER, SISTER, GRANDPARENT OR OTHER PERSON IN HOME.

PLEASE LIST NAME AND PHONE NUMBER

INDIVIDUAL(S) WHO CAN BE CONTACTED IN CASE PARENTS ARE NOT AVAILABLE AND HAS YOUR PERMISSION TO PICK THE CHILD UP.

PLEASE SIGN THE FOLLOWING RELEASE FORM

IN THE EVENT OF AN EMERGENCY, ACCIDENT, ILLNESS OR INJURY, PARENTS OR GUARDIANS, WILL BE CONTACTED AT THE EARLIEST POSSIBLE MOMENT. HOWEVER, AS CONTACTS CANNOT ALWAYS BE MADE IMMEDIATELY, WE NEED PERMISSION FOR EMERGENCY MEDICAL CARE.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT I (WE) AM (ARE) THE PARENT OR LEGAL GUARDIAN OF THE CHILD. I (WE) HEREBY GIVE PERMISSION FOR THE STAFF OF KIDS KOUNTRY ENRICHMENT PROGRAM, INC. TO SEEK MEDICAL ATTENTION OR PROVIDE EMERGENCY CARE IN THE EVENT THE CHILD SUFFERS ANY ACCIDENT, ILLNESS OR INJURY REQUIRING EMERGENCY TREATMENT, HOSPITALIZATION, MEDICATION, OR SURGERY WHILE PARTICIPATING IN ACTIVITIES AT KIDS KOUNTRY ENRICHMENT PROGRAM, INC. I (WE) HEARBY AUTHORIZE ANY NECESSARY TREATMENT. I (WE) WILL BE RESPONSIBLE FOR ANY AND ALL COSTS OF MEDICAL ATTENTION AND TREATMENT. I (WE), THE UNDERSIGNED, FOR OURSELVES, OUR HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE, RELEASE AND FOREVER DISCHARGE KIDS KOUNTRY ENRICHMENT PROGRAM, INC. AND ITS STAFF, AGENTS, EMPLOYEES, REPRESENTATIVES, CONSULTANTS, SUCCESSORS AND ASSIGNS FROM ANY LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTIONS WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, PERSONAL INJURY, OR PROPERTY DAMAGE THAT MAY BE SUSTAINED OR OCCUR DURING PARTICIPATION. I (WE) GIVE PERMISSION FOR THE CHILD TO PARTICIPATE IN AND TRAVEL TO AND FROM KIDS KOUNTRY ENRICHMENT PROGRAM, INC. FOR SWIMMING, FIELD TRIPS, AND OTHER TRAVEL RELATED ACTIVITIES. FURTHERMORE, I (WE) ACKNOWLEDGE THAT PHOTOS AND/OR VIDEOS OBTAINED AS A RESULT OF PARTICIPATION MAY BE UTILIZED FOR FUTURE USE.
KIDS KOUNTRY ENRICHMENT PROGRAM, INC.

SIGNATURE OF PARENT

or LEGAL GUARDIAN _____ DATE _____

Please complete the medical information section (page two) of this form

KIDS KOUNTRY ENRICHMENT PROGRAM, INC.

MEDICAL INFORMATION

(PAGE 2)

(PLEASE PRINT) COMPLETE ALL BLANKS WITH **INFORMATION** OR **N/A**

NAME OF CHILD _____

PLEASE NOTE: Children may become ill or their activities can sometime result in an accident or injury. Complete the following information.

LIST ANY ALLERGIES

LIST ANY SPECIAL NEEDS, MEDICINES OR HANDICAPS

HOSPITAL PREFERENCE _____

DOCTOR'S NAME _____ **PHONE #** _____

(primary)

INSURANCE CO. _____ **POLICY #** _____

(secondary)

INSURANCE CO. _____ **POLICY #** _____

DENTIST'S NAME _____ **PHONE #** _____

(primary)

INSURANCE CO. _____ **POLICY #** _____

(secondary)

INSURANCE CO. _____ **POLICY #** _____

ANY ADDITIONAL INFORMATION _____

PLEASE PROVIDE ANY INFORMATION CONCERNING YOUR CHILD WE SHOULD KNOW ABOUT WHICH WILL ALLOW US TO UNDERSTAND AND PROVIDE FOR A BETTER EXPERIENCE AT KIDS KOUNTRY ENRICHMENT PROGRAM, INC. (i.e. play, eating and sleeping habits, special fears, special likes and dislikes).

SIGNATURE OF PARENT

or LEGAL GUARDIAN _____ **DATE** _____

Please complete the information section (page one) of this form