

2023-2024 After-school Program Application/Agreement



School of attendance _____

Name of Child _____ DOB: _____ Grade: _____

Address: _____ Phone: _____

Teacher: _____ Room#: _____

Parent/Guardian _____ Cell: _____ Email: _____

Parent/Guardian _____ Cell: _____ Email: _____

If we are unable to reach the parent/guardian listed at the above phone numbers, whom should we call?

EMERGENCY CONTACT/RELEASE INFORMATION

Contact Name _____ Phone: _____ Relationship: _____

Contact Name _____ Phone: _____ Relationship: _____

Contact Name _____ Phone: _____ Relationship: _____

Are there any Medical needs we need to be aware of? (Circle one) No Yes

Medical Needs: (Allergies/Special Needs/Sensitivities/Learning Difficulties): _____

Release of Liability:

I/We authorize Kids 4 College to release my child to any of the above individuals listed as an Emergency Contact/Release Information. The above listed individuals must be 18 years or older.

I/We hereby release and hold harmless Kids 4 College, College Bound 4 Kids, IUSD, its agents, employees, officers, directors, sponsoring groups and/or agencies from any and all liability resulting from my child's participation in the program. If my child or I cannot conform to the structure of the program, I will be asked to remove him/her from the program. I understand K4C, CB4K and IUSD are not responsible for lost or stolen items. I authorize Kids 4 College/College Bound for Kids to speak with my child's teacher and to access grades, report cards or test information to further help my child in the after school program.

I/We give permission for the child named above to be filmed or photographed. I understand that all film or photos will only be used for the purpose of publicizing the daily activities, brochure/website advertisement, classroom display and/or educational or enrichment purposes.

Kids 4 College staff has permission to take whatever steps they deem appropriate to obtain medical care for our child in the event of illness, accident, or injury. In this connection, we understand that they will attempt to contact us first and that, if they find it necessary, they will call the child's doctor, or another doctor, call an ambulance, or have our child taken to a hospital in the company of a staff member, as they deem appropriate. We, the parents/guardians agree to be responsible for any expenses incurred in obtaining such medical care, and we hereby release Kids 4 College, College Bound for Kids, IUSD and their agents, employees, directors, and officers from all liability in connection with their actions pursuant to authorization. I hereby acknowledge the existence of the assigned risk associated with all programs for children and the areas where such activities and programs take place. I am aware that Kids 4 College works in large group settings and does not offer individualized assistance to students.

I am an authorized adult that gives permission for the child listed above to attend Kids 4 College. I have read the release of liability and the form in its entirety, and I am authorizing them to participate in the program.

Parent/Guardian's Name (Print) Parent/Guardian's Signature Date

Parent/Guardian's Name (Print) Parent/Guardian's Signature Date

Site Coordinator's Name (Print) Site Coordinator's Signature Date