

Leadership Afterschool Program Registration Form

Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nick name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Age\_\_\_\_\_\_\_\_\_\_ Current Grade\_\_\_\_\_\_\_\_\_\_ Name of school your child attends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will he / she be a bus rider? Yes □ No □ if no, who will be dropping him/ her off? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate # (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who other than the parent enrolling this child may have permission to pick up your child after school?

|  |  |  |
| --- | --- | --- |
| Name | Telephone # | Relationship to the child |
|  |  |  |
|  |  |  |

Is the child on any medication? Yes □ No □ If yes, please list the medications and what they are for.

If your child is taking medication, does he/she need to take medication while at the afterschool program? Yes □ No □ If you have answered yes, please let us know what type of medication as well as the dosage. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will we need to administer this medication to your child? Yes □ No □ If yes, please initial to give us permission. \_\_\_\_\_\_\_

Does your child have any special needs? Yes □ No □ If yes, please explain

Does anything trigger your child to have an episode or over react? Yes □ No □ If yes, please explain

Does anything help to sooth your child in the event that he or she is under distress? Yes □ No □ If yes, please explain

*PLEASE READ & INITIAL*

\_\_\_\_\_\_\_PAYMENT*:* Parent/ guardian is responsible for making payments on time and in full by each due date which is the first school day of every week. If your payment is received late, a $5.00 late fee will be charged to your account. If paying by check, please be sure to write your child’s name in the memo area to assure payment is applied to the correct account. No cash, credit or refunds will be given. Fees for the afterschool program are $50 per school week. There are no discounts if your child is absent from the program during the week.

If you need to drop your child from the program, we must receive in writing a notice either dropped off at the front desk or mailed before the next session. If we do not receive notice, you will be billed for the subsequent session until we receive your notice. Please keep in mind that your child is holding a spot in the program that could be going to someone else so we need proper notice.

\_\_\_\_\_\_\_RELEASE: I understand that Healthy Concepts, Inc. does not carry medical insurance for participants. I herby consent to have my child participate in programs offered by Healthy Concepts, Inc. Precautions will be taken to prevent accidents. I understand that my child will participate in martial arts and or self defense classes. I understand that there will be physical contact during these classes. Simple first aid will be administered to all minor injuries. Parent or emergency contact will be notified if necessary. I herby agree that I waive and release all rights and claims that I may have at any time against Healthy Concepts, Inc. its board of directors, the executive director, SC Wellness & Fitness Center, LLC, The Karate Studio, or its representatives, whether paid or volunteer, for any accidents, or injuries that may occur in connection with the leadership after school program. Or activities related to Healthy Concepts, Inc. I fully understand the risks involved in respect to such programs.

*\_\_\_\_\_\_\_*STAFF/VOLUNTEER SUPPORT & MENTORING*:* I understand that my child will be participating in WRAP sessions. I understand this to be an acronym for Wellness, Respect, Acceptance and Protection. The idea of the leadership afterschool program was designed to help mentor my child and support him/her in becoming a good law abiding citizens. It is also our hope to guide your child through a leadership program that helps support one another. The WRAP sessions include but are not limited to healthy eating, nutrition workshops, , anti-bulling, anti-abduction, gender revolution, ADD, ADHD , Autism and other challenges our children may be facing such as divorce, anger management and creating leadership skills. We acknowledge that we are not professional counselors although we do have one at the center. Our commitment to you the parent/guardian as well as the child is to make your child and their personal growth a priority. It is our hope you’re your child will become a leader to their peers as well as a leader in their community.

*\_\_\_\_\_\_\_*WAIVER: The parent or guardian represents that his/her child is physically able to participate in the afterschool program. The parent/ guardian herby specifically releases Healthy Concepts, Inc., SC Wellness and Fitness Center, LLC, The Karate Studio or it’s employees, and volunteers, including contracted instructors, from any claims or cause of actions which may be sustained or which may arise out of enrollment and/ or participation in daily use, fitness programs, activities or classes.

*\_\_\_\_\_\_\_*PHOTO & VIDEO PERMISSION: I agree to have my child photographed and or video taped to be used as promotional materials for the program.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Please Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Please Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Total due today****: $50 Plus Registration fee of $15 = $65* Payment type (circle one) Cash, Check # \_\_\_\_\_\_\_\_

Credit Card (3% extra charge)

*Payment received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*