

## KIDZKLUB REGISTRATION AGREEMENT

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Enrollment Date \_\_\_\_\_ New Enrollment Fee \$50.00 \_\_\_\_\_  
 Re-enrollment Fee \$25.00 \_\_\_\_\_

**MOTHER** \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Employer/Address \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

**FATHER** \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Employer/Address \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

We have a security system at both the front and back doors of our main building. In order for anyone to gain access to this facility they will have to enter the last four digits of their Social Security number into the keypad. Please list below your name and last four digits of your SS#:

1.	Parent #1		Last 4 digits – SS#
2.	Parent #2		Last 4 digits – SS#

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ENROLLMENT POLICY** – Initial and continued enrollment will be at the discretion of Creative Arts Studio based upon the best interest of the child, the expectation that he/she will benefit from the program, and the welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex, religion or national origin.

# Consent Form

**GENERAL AUTHORIZATION** – We hereby grant to Creative Arts Studio permission for the above named child to:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (a) take part in all program activities including the use of all indoor and outdoor equipment:   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) take part in any activity away from the premises, including authorization for necessary transportation services:   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) go on Nature Walks around the CAST buildings and surrounding property, when weather permits:   | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) appear in the CAST directory:  | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) appear in a photograph or video representing CAST. These may be used in the local newspaper and/or on the CAST website or for educational/training purposes: | <input type="checkbox"/> | <input type="checkbox"/> |

*It is the parent's responsibility to inform the office if there is a change in the above general authorization.*

**ADMINISTRATION OF MEDICINES** – The staff will administer medicine to the child upon written authorization by the parent or guardian. Written authorization may be made by completing the "Authorization to Administer Medicine" form located in the office. The "Authorization to Administer Medicine" form and medication should be returned to the office.

**State Law requires that all medicine must:**

- (a) be in its original container;
- (b) be labeled with the full pharmacy label (if prescription medicine);
- (c) be in such condition that the name of the medication and the directions for use are clearly legible on the container (if non-prescription medicine);
- (d) have the child's first and last name clearly appear on the container;
- (e) include directions to administer the medication; and,
- (f) be administered to the child with written parental permission and as stated on the label directions or as amended by written notice of a physician.

I give my permission to **Creative Arts Studio** to take whatever emergency (c.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the School/Center.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. My child will be transported at **my expense**.

It is understood that, in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

In order to comply with state law, it will be necessary for the parent or guardian to supply Creative Arts Studio with a physician's report form, on a form supplied by Creative Arts Studio, *no later than one week after the actual attendance begins*.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_  
(Parent or Guardian)