

Start Date \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

# HOMEWORK CLUB

#197419462

## Enrollment and Registration Application

Student's First and last Name \_\_\_\_\_ Birthday \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Grade \_\_\_ Room \_\_\_ School Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Phone # \_\_\_\_\_ Father's Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

### MY STUDENT'S SCHEDULE

**My child will attend Homework Club on the following days & time. A schedule is personalized for each child & absences are not refundable. All absences require a 4 week prior notice.**

**Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_**

### EMERGENCY INFORMATION AND CONTACT

Does your child have medical insurance? Yes \_\_\_ No \_\_\_ Dr.'s Name & Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Are All Necessary Immunizations Current Yes \_\_\_ No \_\_\_

**In case of emergency and when the parent/guardian cannot be reached, please contact:**

Name/Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any current medical conditions, medications, food or drug allergies that we should be aware of.

\_\_\_\_\_

\_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

Does the student have special needs? Yes\_\_\_ No\_\_\_ If yes, please explain\_\_\_\_\_

May we provide your child a snack if necessary? Yes\_\_\_\_\_ No\_\_\_\_\_

### **DISMISSAL**

After Homework Club my child will be picked up on time by \_\_\_\_\_.

My child may also be released to \_\_\_\_\_ upon my notice.

### **Parent/Guardian Release**

#### **For Emergency Treatment**

I authorize the Homework Club team to arrange for transportation in case of accident or acute illness of my child. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for medical or dental treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of my child's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me the signee.

In the event a life-threatening emergency occurs or if I or the others listed as emergency contact are not available, I give my permission to Homework Club to provide first aid for the child named in the application and to take the appropriate measures including contacting the emergency medical services (EMS) system and arrange transportation to a medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

#### **General Release of Liability**

In consideration for my child being allowed participant privileges in the Homework Club, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless the Homework Club, their partners, directors, employees, from any and all claims that may result from any action for damages, including but not limited to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the Homework Club and its partners is binding on me and my heirs, personal representative, successors, and assigns.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date