

Start Date_____

STUDENT'S NAME_____

HOMEWORK CLUB LEARNING CENTER

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** ☐ **Friday**

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 with 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 an 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 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 signer.

In the event of a life-threatening emergency 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 arranging 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, and 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