



## iCREATE 2020 - 2021 Registration Form

### Participant (Learner) Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ TK/K Learners (Please Circle) Half Day / Full Day

Please circle the days your learner will be attending: M T W TH F Monthly Rate \$ \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Email 1) \_\_\_\_\_ 2) \_\_\_\_\_

1. Parent/Guardian Name: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

### Emergency Contact and Persons Authorized to pick up my child (other than parents/guardians):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

### Health Information

Allergies (Please Circle): Yes / No (If yes, please list the allergies and describe the severity of reaction).

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### Enrollment Agreement

I voluntarily agree to allow my child to participate in the above named program, or any extension thereof. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury including accidental death, and it's elected and appointed officials, agent and employees. As a parent/guardian I hereby consent to treatment of my minor child for any and all medical procedure deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to iLEAD Agua Dulce Charter School to use my child (ren's) photograph as they see fit for promotional purposes.

1. I understand that I must sign my child out upon pick-up. I must also be prepared to show identification in order to pick-up my child.
2. I understand that only authorized people listed on the Emergency Contact form will be allowed to pick-up my child. Should I wish to have my child released to another adult, I will send written authorization and they will be required to show photo identification.
3. I understand that there are no make-ups for days missed. My child (ren) may not attend iCREATE for days they are not signed up for without receiving prior approval from the iCREATE Director.
4. I acknowledge and adhere to the policies and procedures outlined.
5. Payment is due by the 8th of each month. Your child may not be allowed to continue participation in iCREATE if payments are not kept current.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_