



## iCREATE 2022 - 2023 Registration Form

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### Participant (Learner) Information

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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

1. Parent/Guardian Name (Primary)

\_\_\_\_\_

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

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

2. Parent/Guardian Name:

\_\_\_\_\_

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

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

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

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

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



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### Health Information

Allergies or other health issues (Please Circle): Yes / No (If yes, please list the allergies/health issues 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 its 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 procedures 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. \*iCREATE's hours end at 6:00pm. A late pick up fee of \$1.00 a minute, after 6:05pm, will be charged to your account. Consistent late pick-up will result in loss of attending the iCREATE program.
4. 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 coordinator, and is dependent on availability for that day.



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5. Payment is due by the **1st** of each month. **Your child may not be allowed to continue participation in iCREATE if payments are not kept current.**
6. \*August & December will be free of charge for registered learners.
7. Mid-Fall Break in October, Fall Break in November, & Spring Break in April **will not** be prorated.
8. Winter Break in January & after the last day of school in June will be prorated.
9. iCREATE will be closed October 10th-14th for Mid-Fall Break, November 21st-25th for Fall Break, December 16th through January 9th for Winter Break, and April 10th-14th for Spring Break.
10. The last day of iCREATE is June 15th.
11. Learners who are absent from school may not attend iCREATE on the day of absence unless approved by the iCREATE coordinator.
12. iCREATE does not provide snacks/lunch for learners. It is important that you provide adequate snacks for your child.
13. If there is an emergency and you need to contact the iCREATE coordinator after school hours, please call (661) 522-0688.
14. I acknowledge and adhere to the policies and procedures outlined.

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

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

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