

1 <sup>st</sup> month	_____
Reg. Fee	_____
Mat. Fee	_____
OFFICE USE ONLY	

# AMERICA'S BEST KIDS AFTER-SCHOOL PROGRAM ENROLLMENT FORM

(Please print clearly with blue or black ink)

Child/Youth's Full Name \_\_\_\_\_

Last                      First                      Middle Initial                      Nickname

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address

City                                      State                                      Zip Code

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Street Address                      City                      State                      Zip Code

Email: \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Street Address                      City                      State                      Zip Code

**Other Household Members/Persons authorized to pick up your child/children from  
Americas' Best Kids child care program (ID will be required!!)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

School Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street Address                      City                      State                      Zip Code

Start date child/children will be attending: \_\_\_\_\_

Month/Day/Year

Please circle the days of the week your child will require care? M T W TH F

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(A non-refundable \$30.00 registration fee is required to reserve your child/youth's space in the program.)



## **RELEASE OF LIABILITY**

**Release of Liability.** I understand that strict observation by me, of the rules and regulations of America's Best Kids, America's Best Karate of South Medford, LLC, as well as all affiliates of America's Best Kids, Inc including the use of protective equipment, will largely eliminate the possibility of accident or injury, and I hereby represent that I am physically fit to take the prescribed course of instruction and that I have had an opportunity to observe and/or participate in lessons prior to the signing of this agreement. I have chosen and voluntarily agree to use the facilities, equipment and resources provided by America's Best Kids at my own risk with knowledge of the risks involved. I further understand and agree that I release from liability and waive any and all claims or actions for personal injury or death or property damage or loss against America's Best Kids, its owners, officers, operators, employees and affiliated persons, whether caused by the fault, negligence, omission, or any other act however caused, of America's Best Kids, America's Best Karate of South Medford, LLC, as well as all affiliates of America's Best Kids, Inc I have read and understand the above:

\_\_\_\_\_ (If not 18 must be signed  
by parent or guardian)

## **ABK STAFF RELEASE**

I hereby give America's Best Kids Sports Center staff permission to sign my child  
\_\_\_\_\_ in and out of the after school program & preschool on

Child/youth full name)

my behalf to participate in activities offered by Americas' Best Kids Sports Center. It is my understanding that at all times my child will remain on site and be supervised by an Americas' Best Kids Sports Center staff member. During the time which my child/children are signed out of the after school program & preschool he/she is under the rules and regulations set forth by Americas' Best Kid's Sports Center. I understand that this class is offered by Americas' Best Kid's Sports Center not the After School Adventure program or Footprints Preschool and that the certificate from the Child Care Division for operation of a child care center does not apply. Therefore, the standards from the Rules for the Certification of Child Care Centers may not apply. Some ABK staff may not meet minimum state child care standards, the staff to child ratio may not meet state child care standards and the ABK staff may not have completed a Child Care Division criminal record check.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## **Transportation Authorization**

I hereby give Americas' Best Kids Sports Center staff permission to transport

\_\_\_\_\_ from \_\_\_\_\_

(Child/youths full name)

(Name of School)

to Americas' Best Kids Sports Center after school program. It is my understanding that transportation will be provided by vans owned by Americas' Best Kids Sport Center, each van will have the correct number of seat belts and will be driven by a licensed driver who is at least 18 years of age. All rules and regulation set forth by Americas' Best Kids Sports Center after school site and the child care division will be upheld during transportation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

(It is my understanding that my Childs school can be last on the bus route and may have to sit/wait at the school in the office until ABK staff arrives to pick up in the van.) Parent's initials \_\_\_\_\_

## **Swimming Release**

I hereby give America's Best Kids Sports Center Staff permission to take my child \_\_\_\_\_ swimming in America's Best Kids swimming pool

(Child/youth full name)

once a month. It is my understanding that at all times my child will remain on site and be supervised by an America's Best Kids Sports Center Red Cross Certified lifeguards and America's Best Kids child care staff. During the time which my child/children are swimming with the after school program he/she is under the rules and regulation set forth by America's Best Kid's Sports Center.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## **Field Trip Authorization**

I hereby give Americas' Best Kids Sports Center staff permission to transport

\_\_\_\_\_ for scheduled field trips with the America's Best Kids

(Child/youths full name)

After school program. It is my understanding that transportation will be provided by vans owned by Americas' Best Kids Sport Center, each van will have the correct number of seat belts and will be driven by a licensed driver who is at least 18 years of age. All rules and regulation set forth by Americas' Best Kids Sports Center after school site and the child care division will be upheld during transportation. It is my understanding that scheduled field trips will be announced ahead of time and cleared with the parent/guardians of the child/children.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date