

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

# AMERICA'S BEST KIDS PRESCHOOL 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 \_\_\_\_\_ Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

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  
Please circle the time your child will be attending: (8-11am) (Lunch 11-12pm) (12-3pm)

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.)



## ABK STAFF RELEASE

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

Child/youth full name)

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 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 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.

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Signature of Parent or Guardian

Date

## 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:

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Signature of Parent or Guardian

Date