

1 st 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.)

AMERICA'S BEST KIDS AFTERSCHOOL KIDS CLUB AND EMERGENCY INFORMATION

*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 _____

*Physician's Name _____ Phone Number _____
Address _____
Street Address City State Zip Code

*Dentist's Name _____ Phone Number _____
Address _____
Street Address City State Zip Code

*Insurance Company _____ Address _____
Phone Number _____ Policy Number _____

Emergency contact's full name _____
Relationship _____ Home Phone _____ Cell Phone _____
Home address _____
Street address City State Zip

Please list your Childs allergies/medications/medical conditions

(Childs Name)

(Type of allergy/medical condition)

MEDICAL RELEASE

In case of extreme emergency, I hereby give program administrators and pre-hospital emergency medical personnel permission to take whatever emergency medical action deemed necessary and I authorize transport of my child/youth, _____, to an emergency facility. Further, I accept full responsibility for any and all costs involved in the rendering of such emergency care and agree to hold America's Best Kids Club and its employees harmless.

Signature of Parent or Guardian

Date

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