

Kids Fun Zone

ENROLLMENT REGISTRATION FORM

STUDENT INFORMATION

First Student Name:

Nickname:

Male Female Grade: Age: School:

Second Student Name:

Nickname:

Male Female Grade: Age: School:

Third Student Name:

Nickname:

Male Female Grade: Age: School:

PARENT INFORMATION:

Parent/Guardian Name:

Home Address:

Home Phone:

Cell:

Email:

EVENT INFO:

We will be attending:

€ Friday January 14th, dropping off approx:

picking up approx:

€ Saturday Jan. 15th, dropping off approx:

picking up approx:

Person Dropping Child Off:

Relationship to Child:

Person Picking Child Up:

Relationship to Child:

Contact Person for Day Of Event:

Phone:

Second Contact Person:

Phone:

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MEDICAL INFO:

Please list any medical conditions and treatments you'd like us to follow if something happens (Asthma, Diabetes, ADHD, etc.):

Please list any medications you'd like us to administer to your child, as well as directions and dosage:

Please list any allergies, severity of allergy, treatment in case of exposure:

PARENTAL REQUESTS:

Please review the tentative schedule and menu. Please use this form to indicate any activities or meals that you do NOT want your child to participate in. This can also include special accommodations that need to be applied.

BEDTIME ROUTINES (For evening events):

Children are not forced to sleep, but are provided with resting options. Some children will rest by watching movies, but we will also have a quiet room for sleeping and books. Please indicate where you would like your child to rest. Also indicate anything the staff may need to know about how to help your child settle into sleep (ie blankets, rubbing back, quiet music, rocking, book, singing):

Chelan Valley Independent School

Kids Fun Zone

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AUTHORIZATION AND WAIVER

- I hereby certify that the above named individual is in good health and capable of participation in the Chelan Valley Independent School's Kids Fun Zone program
- I hold CVIS harmless for any damages or injuries sustained on any activities. In case of accident, CVIS has my authorization to secure, at my expense, such medical attention as is deemed necessary for the individual named on this form
- I also authorize CVIS to use photographs, slides and/or videos of the person on this application as may be needed for its public relations programs.
- I also agree to a \$1 per minute late pickup or early dropoff fee.
- The Kids Fun Zone staff will be available to meet you and your child. All children must be signed in and out by a parent/guardian/designated person each day

- I understand and agree to the policies indicated above and hereby enroll my child into the CVIS Kids Fun Zone Program indicated on this form.

Parent/Guardian Signature

Date: