



ENROLLMENT APPLICATION

PLEASE FILL IN APPLICATION COMPLETELY & LEGIBLY

CHILD'S NAME: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ BIRTHDATE: _____ SEX: M F

DATE OF ENROLLMENT: _____

PARENT INFORMATION

MOTHER'S NAME: _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

CELL PHONE #: _____

ADDRESS (IF DIFFERENT THAN CHILD):

CITY: _____ STATE: _____ ZIP: _____

FATHER'S NAME: _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

CELL PHONE #: _____

ADDRESS (IF DIFFERENT THAN CHILD): _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY RESIDENCE WITH: MOTHER FATHER BOTH

PARENT'S MARITAL STATUS: MARRIED SINGLE DIVORCED

IF DIVORCED, WHO HAS LEGAL CUSTODY?: _____

MAY THE NON-CUSTODIAL PARENT PICK UP THE CHILD?: YES OR NO

**** (IF YES, PLEASE INCLUDE IN RELEASE SECTION ON THE NEXT PAGE. IF NO, DOCUMENTATION FROM THE COURT MAY BE REQUIRED.) ****

THE CHILD WILL BE RELEASED ONLY TO THE PARENT OR THE FOLLOWING PEOPLE LISTED BELOW:

1. NAME: _____

ADDRESS: _____ **CITY/STATE:** _____

PHONE #: _____

2. NAME: _____

ADDRESS: _____ **CITY/STATE:** _____

PHONE #: _____

3. NAME: _____

ADDRESS: _____ **CITY/STATE:** _____

PHONE #: _____

****REMEMBER PARENTS, NO ONE WILL HAVE ACCESS TO YOUR CHILD UNLESS THEY ARE LISTED ABOVE. IF YOU NEED TO ADD SOMEONE TO THIS APPROVED PICK UP LIST- THIS WILL NEED TO BE DONE IN THE OFFICE AND NOT OVER THE PHONE. NO EXCEPTIONS!!!**

PLEASE DO NOT LOSE PATIENCE WITH THIS POLICY. THIS IS DONE FOR YOUR CHILD'S UTMOST SAFETY.**

EMERGENCY CONTACT OTHER THAN PARENT:

1. NAME: _____

ADDRESS: _____ **CITY/STATE:** _____

PHONE #: _____

2. NAME: _____

ADDRESS: _____ **CITY/STATE:** _____

PHONE #: _____

Child's Health History Checklist

Child's Name: _____ Date: _____

Name of Parent/Guardian filling out this checklist:

YES NO Is your child taking any prescription medicines? If so, please describe here.

Describe medication/dosage: _____

YES NO Any allergies or reactions to any medicines or insects? If so, please describe here.

Describe allergies/reactions: _____

YES NO Has your child ever had asthma or issues with wheezing?

YES NO Does your child have speech or hearing problems?

YES NO Has your child had more than two ear infections in a year?

YES NO Does your child have trouble with his/her eyes or seeing?

YES NO Has your child had a bladder or kidney infection?

YES NO Does your child have seizures, fits, or shaking spells?

YES NO Have you ever been told that your child has a heart murmur?

YES NO Is your child able to play as hard as other children?

YES NO Is your child a hemophiliac (free bleeder)?

YES NO Does your child have tubes in his/her ears?

YES NO Does your child get along well with other children?

YES NO Does your child have any other special problems not addressed above?

When did your child last see a doctor? _____
(Month)(Year)

If you answered yes to any question and need additional space to explain, please state the question number and use the space below:

ACCEPTANCE OF RISK & AGREEMENT OF WAIVER

We, the staff of KICKs & Kingdom Sports, Inc. recognize our obligation to make our students & their parents aware of the risks & hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading, dance, & other sports taught on or off property. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. The sports mentioned above, & any other sport, can be dangerous and may lead to injury.

Parents should make their children aware of the possibility of injury & encourage their children to follow all the safety rules and the coach's instructions. KICKs & Kingdom Sports, Inc., its coaches & other staff members, will not accept responsibility for injuries sustained by any student during the course of the daily activities on or off property in which he or she may participate while to or from an event. With the above in mind, & being fully aware of the risks & possibility of injury involved, I consent to have my child or children participate in the programs offered by KICKs & Kingdom Sports, Inc. I, my executors, or other representatives, waive & release all rights & claims for damages that I or my child may have against KICKs & Kingdom Sports, Inc. and/or its representatives whether paid or volunteer. I also affirm that I now have & will continue to provide proper hospitalization, health, & accident insurance coverage, which I consider adequate for both my child's protection & my own protection. I also understand that it is the parent's responsibility to warn the child about the dangers of the activities they will participate in at KICKS. The parent should warn the child accordingly to what the parent feels is appropriate. KICKs & Kingdom Sports, Inc. will only warn the child through "Safety Messages" & our teaching style & progressions.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent Agreement

KICKs will be open in the summer from 7AM to 6PM for children in the grades of Kindergarten thru 5th grade. During the school year, KICKs is open from dismissal of school until 6 PM (KICKs will run all-day for scheduled and unscheduled breaks in the school year, such as snow days, in-service days, etc.)

_____ A late fee of \$1 per minute will be charged starting at 6:05 PM . This fee will be added to your weekly tuition.

_____ I agree to pay the first week's tuition in advance & to pay my weekly tuition each Monday thereafter.

_____ I acknowledge that paying my weekly tuition late may result in me having to pay the entire month's tuition.

_____ I agree that I am enrolling for after school care for _____ days per week at a cost of \$ _____ per day/week.

_____ I am aware that I must pay the above amount every week of the fiscal school year for the Sumner County school district. I can occasional add additional, after school days for \$20 a day.

_____ To reduce the number of days your child(ren) are enrolled, you must fill out a change request form and turn in to the front office with at least a 2 week notice.

_____ All prices are subject to change with no less than 2 week notice.

_____ I am aware that a \$15 late fee will be charged for payments received after Wednesday each week.

_____ The maximum fee allowed by state law will be charged for all returned items/checks.

_____ In the event that you wish to cancel your enrollment in our program, you will be required to submit a withdrawal notice to the front office 2 weeks before the cessation of care and you will be financially responsible for those 2 weeks, even if you will not be attending.

_____ I agree to pay a registration fee of \$60 at the time of enrollment to be renewed each August.

_____ During the school calendar year, when KICKs runs all day (due to snow days, breaks, etc.), a fee of \$20 per day will be added to the weekly tuition to cover the extended hours of operation.

_____ I agree a \$5 NO CALL, NO SHOW fee will be applied per day if you do not notify the office by 1:30PM if your child will not need picked up.

Parent/Guardian Signature: _____

Date: _____

Parent Authorization

Authorization for Emergency Medical and First Aid

I hereby authorize the Staff and Director, representing KICKs program, to give consent for any and all necessary emergency medical and First Aid care for my child: _____, while my child is in KICKs custody.

Parent/Guardian Signature: _____

Date: _____

KICKs Transportation Release Form

I give my permission for my child, _____, to be transported by the KICKs Program.

My child, _____, has permission to ride the KICKs After-School Program van or bus to and/or from _____ Elementary

Parent/Guardian Signature: _____

Date: _____

Vacation Days

Full-time KICKs families get 2 weeks of vacation to use for their tuition. 1st week of vacation can be used the first half of the year (August thru December), 2nd week of vacation can be used the second half of the year (January thru May). Part-time KICKs families will get vacation days for the number of days they attend. For example, if they attend 3 days they get 3 days vacation.

****You must give the office a 2 week written notice of wanting to use your vacation or you will be charged your normal tuition. NO EXCEPTIONS!!****

Parking Lot Safety

For the safety of the children, we ask that you share this policy with anyone that may be picking up or dropping off your child at the Master's Gym/KICKs facility.

- Please do not leave your car in the middle of the drop -off area, as this affects the entire gym clientele.
- Please do not leave your car running or unlocked.
- Please do not leave any children unattended in your vehicle.
- An adult **MUST** accompany all children to and from the gym building. Adults must also accompany children in the parking lot when entering and leaving the building.
- No child, regardless of age or parents wishes, will be allowed to leave the building unless the authorized person comes in and signs the student out for the day.
- Drive slowly and safely when you are in the parking lot. Small children can easily run across the parking lot.
- Cigarettes and other trash must be left in your vehicle.

Parent/Guardian Signature:

_____ **Date:** _____