



Registration

Class Location:		
Child Name:	DOB:	
Address:		
Parent/Guardians:		
Phone (Home):	Work:	Cell:
Email:		

Allergies

Does your child have any allergies (food or otherwise) _____ YES _____ NO

If yes, please explain.

Emergency Medical Permission

Child care:

In the event of a health emergency, I authorize Faith House, Inc. to see emergency care for my child. My preferred hospital is _____.

In the event of any accident or health problem which may require the attention of a physician, I may be contacted at (phone) _____, if not present. If I am not available, _____ may be contacted at (phone) _____ and is authorized to act on behalf of my child.

Other terms and Conditions

Please Initial:	The teaching site reserves the right to decline the application of any student, or send home any student who, according to the site's discretion, is disruptive or puts him/herself or others at risk.
	I, the undersigned, consent to the use, reproduction and publication by "Super Kidz" and/or the teaching site of pictures or recordings taken of my child during the program for publicity and/or educational purposes.

Acknowledgement of Risk of Injury/Release and Waiver

Please Initial:	I acknowledge and understand that there may be a risk of injury involved in the activities that my child will engage in during the program. In consideration of my child's participation in the program, I hereby agree to release, waive, hold harmless, and shall indemnify "Super Kidz" and the teaching site and their respective employees, members, officers, and other staff members from liability to us and our children for any and all claims.
	I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the program activities for which he or she had been registered.
	By submitting that Faith House/"Super Kidz" will not sell, share or trade this information with other organizations.
	Because Faith House is an agency that identified as a helping profession, all employees, are mandated reporters. Therefore, if staff a staff member knows or has reason to believe that my child has been or is being physically or sexually abused, or neglected, I understand that this information must be reported to Child Protection Services.
	I also understand that meetings between my child and Faith House employees will remain confidential, and that my child and has the right to request that information not be shared with me (However, all information concerning danger to my child will be reported. General reports of my child's progress may also be made to me under this agreement)
	I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.

Parent/Guardian: _____ Date: _____