

KIND Afterschool & Summer Program Registration

Child's Full Name: _____

Date of Birth: ____ / ____ / _____

Grade: K 1 2 3 4 5 6 7 8

School: Cleveland Eastmont Kemp Kiser

Belmont Wright Brothers

Other: _____

Home Address: _____

Zip Code: 45403 45410 Other: _____

Parent/Guardian Name(s): _____

Phone Number(s): _____

Language(s): _____

Other Information (insurance, allergies, special needs,
accommodations, additional individuals allowed to pick up child, etc)

By signing below, I give permission for my child to attend the KIND program, ride in KIND vans to and from program activities, receive meals, and have their photo taken and used for promotional purposes. I understand that my child must be approved before attending and that continued participation is dependent on space, location, regular attendance, and behavior.

X _____

Parent/Guardian Signature

Date

I, individually and on behalf of my child, hereby covenant not-to-sue KIND, its officers, directors, employees and agents (the "Releasees"), and hold harmless and release all Releasees, from any and all past, present and future claims resulting from any cause of action or legal theory, whatsoever, for property damage, personal injury, disease, or death, arising from my participation in KIND activities, including use of KIND motor vehicles, or any activities incidental thereto, wherever, whenever, or however the same may occur ("Activities"). I hereby voluntarily waive any and all claims both past, present and future, resulting from any cause of action or legal theory, whatsoever, for property damage, personal injury, disease, or death, arising from the Activities wherever, whenever, or however the same may occur, that may be made by me on behalf of my spouse, my children, my heirs or assigns, and I relinquish on behalf of myself, my spouse, my children, my heirs and assigns the right to recover for property damage, injury, disease, or death.

X _____

Parent/Guardian Signature

Parental Consent - School Records

As a parent/guardian of _____ [*student name*], I grant the school permission to share my child's school information (i.e. attendance, behavior, grades) with *Kids in New Directions* to benefit growth and education within the community and classroom settings. I allow representatives of *Kids in New Directions* to discuss this information as well as related non-academic information that supports the goals defined above, with school officials and approved representatives of other agencies that have consent.

Parent Name

X _____
Parent Signature

Date

Parental Consent - School Pickup

I, _____, am the parent / guardian of:
(name of parent / guardian)

(name of child)

I give permission for Kids in New Directions (KIND) to pick up my child(ren) from _____ School on Mondays, Tuesdays, Wednesdays, and Thursdays for the 2021-2022 school year. I understand that KIND will transport my children home in the evenings when the afterschool program is concluded.

X _____
Parent Signature

Date