

Transformation Afterschool Enrichment Registration Form

Child's Name: _____ Male: _____ Female: _____

Birth Date: _____ Grade Fall 2023: _____

School Child Attends: _____

Home Address: _____ City: _____ Zip: _____

Parent/ Guardian Information: Child lives with: _____ Mother _____ Father _____ Both _____ Other

Parent 1: _____ Employer: _____ Work Phone: _____

Mobile Phone: _____ Email: _____ Birthdate: _____

Parent 2: _____ Employer: _____ Work Phone: _____

Mobile Phone: _____ Email: _____ Work Phone: _____

Please list all emergency contacts and persons authorized to pick up your child from the program:

Contact #1: _____ Phone #: _____

Contact #2: _____ Phone #: _____

Contact #3: _____ Phone #: _____

Additional Information:

List any allergies, illnesses, or medical conditions:

Activities Discouraged or limited by physician:

Dietary Restrictions:

Dentist/Orthodontist: _____ Phone #: _____

Family Physician: _____ Phone#: _____

6932 N Tryon Street Suite 1&2, Charlotte, NC 28213. 704-492-4506, 704-604-3107 & 704-526-0554
www.transformationes.org, transformationafterschool@gmail.com, help@transformationes.org

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Preferred Hospital: _____

Waiver: **1)** My child has permission to participate in all activities associated with Transformation Afterschool Enrichment Program unless otherwise specified in writing. I understand that Transformation Afterschool Enrichment, and its affiliated parties assumes no responsibility for injuries or illness my child may receive as a result of his/her participation in the Transformation Afterschool Enrichment Program, its associated athletic activities, the use of any equipment, or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities, and its associated activities. In the consideration of the privilege of participating in the Transformation Afterschool Enrichment Program, I hereby voluntarily release and discharge Transformation Afterschool Enrichment Program, its agents, servants, and employees from any claims for injury, illness, death, and/or loss of damage which my child may suffer as a result of his/her participation in these activities. **2)** I hereby give my permission to the medical personnel selected by the Transformation Afterschool Enrichment Program Director to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Transformation Afterschool Enrichment Program Director to secure and administer treatment, including hospitalization for my child. I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parents(s)/guardian to inform the Transformation Afterschool Enrichment Program of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to Transformation Afterschool Enrichment Program's evaluation of the child's/ward's ability to participate and Transformation Afterschool Enrichment Program's consideration of any requested accommodation. **3)** I understand that no accident or medical insurance is provided with any activity while my child is at Transformation Afterschool Enrichment Program. **4)** I give permission to Transformation Afterschool Enrichment Program, without limitation or obligation for photographs, film footage, or audio recordings which may include my child's image or voice for purposes of promoting or interpreting Transformation Afterschool Enrichment Program and release Transformation Afterschool Enrichment Program from any claim of liability to that use. **5)** I give my consent for my child to be transported to, and leave the Transformation Afterschool Enrichment Program Site, to participate in authorized trips and to ride in authorized vehicles for the purpose of transportation in connection with the Transformation Afterschool Enrichment Program. **6)** I understand that the registration fee for the program is my responsibility and failure to comply will result in my child's space being given to the next paid registered participant. In consideration of the privilege of participating in the Transformation Afterschool Enrichment Program, I understand that my child must make every effort to be in attendance. If more than four afterschool sessions are missed, I understand that my child will lose his/her spot in the program and this space will be made available to the next child on the waiting list. **7)** I understand that Transformation Afterschool Enrichment Program does not carry insurance for children in the program. **8)** I have received a parent handbook and I have read and understood the policies and procedures outlined within it. I understand that my registration fee for the program is non-refundable and non-transferable. I understand that I will be charged a late fee per child, per the parent handbook. **9)** While in the Transformation Afterschool Enrichment Program, every effort will be made to provide reasonable accommodations for mentally, and physically challenged children. Transformation Afterschool Enrichment Program will not accept children who are (A) of danger to themselves (B) of danger to others, or (C) a disruption to normal activities making it unreasonably difficult for other children to enjoy and benefit from the Afterschool program. Any of the above reasons will be grounds for dismissal. A parent/guardian must discuss specific special conditions involving their child with the director. This must be completed prior to registration so that the administration may make a determination if reasonable accommodations can be made for your child. **10)** I have read and agreed to all of the policies set forth by Transformation Afterschool Enrichment Program.

Signature: _____

Date: _____

Print Name: _____

Child's Name: _____

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