

After School Care at St. Theresa Catholic School operated by KiDVENTURE

Parent Information

Mother's Name (Last, First) _____		Father's Name (Last, First) _____	
Mother's Email _____		Father's Email _____	
Mother's Cell Phone _____	Mother's Work Phone _____	Father's Cell Phone _____	Father's Work Phone _____
Student(s) Live(s) With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			
Student's Street Address _____		Apt. # _____	City _____ State _____ Zip Code _____

Student Information

Student 1

Last Name _____ First Name _____ D.O.B. ____/____/____ Sex M F Age _____ Fall 2015 Grade _____

Please list any special problems that this child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information of which Finale After School staff should be aware:

Student 2 (If Applicable)

Last Name _____ First Name _____ D.O.B. ____/____/____ Sex M F Age _____ Fall 2015 Grade _____

Please list any special problems that this child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information of which Finale After School staff should be aware:

If more than 2 children from this family will be attending After School, please fill out Student Information on additional form and attach.

Emergency Contact and Pickup Info

Emergency Contact 1 (Someone Other Than Mother/Father) _____	Address _____	Best & Alternate Contact Numbers _____
Emergency Contact 2 (Someone Other Than Mother/Father) _____	Address _____	Best & Alternate Contact Numbers _____
The following people have my permission to pick up my child(ren) from After School:		
Authorized Pick-Up Person 1 _____	Best Contact Number _____	Alternate Contact Number _____
Authorized Pick-Up Person 2 _____	Best Contact Number _____	Alternate Contact Number _____

Medical Information and Release**Authorization for Emergency Medical Attention**

Name of Emergency Care Facility:

 Memorial Hermann Northwest, 1635 N. Loop W. Houston, TX 77008, (713) 867-2000, **OR** Other: _____ Phone Number: _____**Medical Authorization and Permission to Treat**

I / We hereby grant to Kidventure Inc. permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the named child(ren). I/We understand that, consistent with the circumstances of the situation and available time, Kidventure Inc. will make every effort to contact and follow the instructions of the parent or legal guardian, physician, or other person designated by me/us. In the event Kidventure Inc. is unable to contact the parent or guardian, physician, or other persons listed, I/We hereby agree that I/we will be solely responsible for and will pay promptly any expenses which may be incurred by Kidventure Inc. in making emergency medical treatment to the named child(ren).

Liability Waiver and Release

I am giving my child(ren) my permission to participate in the described supervised, organized activity sponsored by Kidventure Inc. I understand and am aware that such activity involves a risk of injury from my child(ren)'s participation in the said activity and that I am voluntarily giving permission to participate in this activity. I hereby agree to expressly assume and accept any and all risk of injury from my child(ren)'s participation in this activity. I do hereby and forever discharge, release, indemnify, and hold harmless Kidventure Inc., any outside Finale: *Encore!* vendors, and the hosting location and its employees, for and on behalf of myself and my minor child(ren) and our respective heirs, successors and assigns from any and all liability, rights of action, causes of action, losses, claims, demands, cost and expenses for damages and/or personal injury that may arise in conjunction with my child(ren)'s participation in this activity. I grant Kidventure the absolute right to copyright, re-use, publish and republish by any medium, including electronically, any photos included that may be taken while participating in a Kidventure event unless otherwise notified in writing. I also understand and accept all information and conditions explained on the Finale After School Website.

I certify that:

1. My child attends St. Theresa Catholic School, 6623 Rodrigo St., Houston, TX, 77007.
2. His/her immunization record is on file at the school and all required immunizations and/or tuberculosis tests are current. Vision and learning screenings are also on file.
3. I acknowledge receipt of Kidventure's operational policies including those for discipline and guidance.

Parent Signature: _____ Date: _____

Print Your Name: _____

Payment Information**Choose Your Rate:**

The rate you select now will be your rate for the entire 2015-2016 school year. You may not switch between Yearly, Monthly and Daily rates.

 Yearly (\$2,400 paid in 2 installments)*Best value at \$13 per school day**Two installments of \$1,200**(Payments due Aug. 1 and Jan. 1)* **Monthly (\$350) (\$190 Aug/Dec)***Use for months selected below**Payment due on the 1st of the month.**(Ex: Payment for Sept. due Sept. 1st)* **Daily Drop-In (\$24/day)***Use any day without advance notice**Payment due on the 10th of the following month.**(Ex: Payment for Aug. daily use due Sept. 10th)*

August September October November December January February March April May

Credit or Debit Card

St. Theresa Catholic School charges a 3% processing fee for all credit and debit card transactions.

Visa MC AmEx Discover CC# _____ CVV: _____ Exp: ____/____

Cardholder Name: _____ Billing Address (if different from pg. 1): _____

Enroll in Automatic Billing? Yes No Your credit or debit card will be charged the balance due on the 1st of the month or the next business day.

Late Payments: If payment is not received by the 10th of the month following use of After School care, you will be assessed a \$25 late fee. Your outstanding balance will accrue an additional \$25 for each additional month that payment is not made in full.

St. Theresa Catholic School handles After School billing. Please contact St. Theresa Catholic School with any billing concerns.

Make checks payable to St. Theresa Catholic School.

Please refer to our website, kidventure.com, for complete information the After School Program.

Submitting your Registration

Please return this form to St. Theresa Catholic School **with payment** no later than **August 1, 2015**. Failure to return this form will result in your child being charged at the daily rate for any usage of the program.

If you wish to register more than two students, please attach an additional registration form and add Student Information only.

KiDVENTURE After School Care

Operation Name: Finale After School @ St. Theresa (#883510) • Director: Ryan Isbrecht • Date of Admission: August 13, 2015

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