

Kreative Kidz

Challenging Kids To Make Something...

P.O. Box 176, Union City, GA 30291
(770) 306-0020 office / (770) 703-6413 fax

kreativekidzga.net
kreativekidz_ga@hotmail.com



After School Program Pre-Registration

Dear Parent/Guardian:

Kreative Kidz' After School Program is fast approaching...the first Monday in August. The *After School* program offers many benefits which are geared towards empowering our children and young adults with new and exciting opportunities to learn, create, and grow academically, physically, and socially. The *After School* program offers Recreation Activities, Study and Homework Assistance/Lab, Computer Lab/Workshops (Research and Self-Tutoring), Milestone Testing Assistance, and daily snacks.

Kreative Kidz will provide transportation from designated schools to the center beginning at 2:00pm, Monday through Friday. The designated schools are as follows:

C.H. Gullatt Elementary	Renaissance Elementary	Feldwood Elementary
Oakley Elementary	Campbell Elementary	E.C. West Elementary
Liberty Point Elementary	S.L. Lewis	Wolf Creek Elementary
The Main Street Academy	Chattahoochee Hills Charter	

The *After School* program begins the first Monday in August and operates through the end of May. Program hours are from 2:00 pm through 6:00 pm Monday through Friday. The weekly program fee is \$60 (\$50 per charter school) per child per week with program fees due each Friday to reserve the participant's seat for the following week.

Kreative Kidz will be accepting pre-registration through **mid-July**. Please complete the attached forms and return to Kreative Kidz with the first week's program fee of \$60 (\$50 per charter school) by the **second Friday of July**, otherwise, the participant's seat **may not** be reserved. Please indicate if your child has changed schools since the last school year as well as the current grade level (and/or any other changes necessary).

Thank you,

Kreative Kidz Management

Note: A list of center closing dates along with a "Housekeeping Items" list is available in the "Parent Area" as well as on our website...kreativekidzga.net. Kreative Kidz operates from the Fulton County School's schedule and not "Charter" school schedules.

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Waiver Form

This waiver must be fully completed and turned in before participating in any Kreative Kidz recreation program. The waiver is valid for the program term of the specific program listed below. Participants/parents/guardians are responsible for informing Kreative Kidz about changes that occur during the program term. A completed waiver must be on file for each participant for each program registered.

After School Program – School Year: _____

Participant Name: _____

Grade Going Into: _____

Parent/Guardian Name: _____

School Going Into: _____

Participant Agreement

In signing this agreement, I certify that my child is able to participate fully in the program unless otherwise stated in writing to Kreative Kidz. In case of voluntary withdrawal, I understand that there will be no refund of fee for period concerned. As part of our overall program, participants are occasionally asked to be photographed or videotaped or have their work displayed. Unless indicated to the contrary below, Kreative Kidz will assume that you or your child may be photographed or videotaped by Kreative Kidz staff, and also that the participant's likeness, name, performance, artwork or written work may be used.

I give permission to the Kreative Kidz to transport my child by van or bus for purposes intended for the program(s) above. Parents/Guardians must notify Kreative Kidz when the participant will not be attending the program.

I also agree to make payment of all program fees (including any late fees or return check fees) as specified by Kreative Kidz management.

No participant will be allowed to enter or leave the facility without being escorted by the parents/guardians, person authorized by parents/guardians, or facility personnel.

Parents/Guardians are responsible for keeping the participant's records current to reflect any significant changes as they occur, e.g. telephone numbers, work locations, emergency contacts, participant's physician, participant's health status, immunization records, etc.

I have read the Member Handbook and agree to the policies and standards set forth within.

Informed Consent and Release of Liability

In consideration of my child, (the "participant" name listed above) being allowed to participate in KREATIVE KIDZ programs conducted by KREATIVE KIDZ (the "program"), and to engage in activities related to the Program, including but not limited to participating in program field trips, I, on behalf of myself and the Participant, do hereby waive, release and forever discharge, and indemnify and hold harmless, KREATIVE KIDZ and its officers, agents, staff members, and representatives from any and all claims, suits, actions, damages, losses, liabilities, costs, and expenses (including attorneys fees and court costs), of any kind or nature whatsoever, incurred for injuries and/or damages to person and/or property, including those caused by the negligent act or omission of any person or entity released, arising out of related to participation by the Participant in the Program.

Should my child suffer an injury or illness while in the care of KREATIVE KIDZ and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/we agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS INFORMED CONSENT AND RELEASE LIABILITY AND THAT BY SIGNING IT I INTEND TO BE BOUND LEGALLY AND TO BIND THE PARTICIPANT AND OUR RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, AND ASSIGNS.

Signature (Parent/Guardian)

Date

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Transportation Agreement Form

This is to certify that I give **Kreative Kidz** permission to transport my child from **school** between the hours of **2:00pm and 4:30pm** to the **Kreative Kidz recreation center**.

My child, _____, attends the following school and will be picked up from that school and dropped off at the Kreative Kidz recreation center at the specified times listed below (please check the appropriate school):

<u>School</u>	<u>Address</u>	<u>Pick Up</u>	<u>Drop Off</u>
_____ Campbell	91 Elder Street, Fairburn, GA 30213	2:20 pm	2:40 pm
_____ Feldwood	5790 Feldwood Road, College Park, GA 30349	2:20pm	3:00pm
_____ Gullatt, C.H.	6110 Dodson Drive, Union City, GA 30291	2:20 pm	2:40 pm
_____ Liberty Point	9000 Highpoint Road, Union City, GA 30291	2:40 pm	3:00 pm
_____ Oakley	7220 Oakley Terrace, Fairburn, GA 30213	2:45 pm	3:00 pm
_____ Renaissance	7250 Hall Road, Fairburn, GA 30213	2:30 pm	2:40 pm
_____ S.L. Lewis	6201 Connell Rd., Atlanta, GA 30349213	2:40 pm	2:50 pm
_____ West, E.C.	7040 Rivertown Road, Fairburn, GA 30213	2:20 pm	2:40 pm
_____ Wolf Creek	4440 Derrick Road, Atlanta, GA 30349	2:45 pm	3:00 pm
_____ Main St Academy	3480 E. Main Street, College Park, GA 30337	3:30pm	4:00pm
_____ Chattahoochee Hills	9670 Rivertown Road, Fairburn, GA 30213	3:30pm	4:00pm

Transportation will be provided on the following days (After School Recreation program):

- _____ Monday
- _____ Tuesday
- _____ Wednesday
- _____ Thursday
- _____ Friday

Please refer to **Contact/Pickup Form** for authorized persons to receive my child. In the event the authorized person is not present to receive my child, the following procedures are to be taken:

Kreative Kidz management will notify the parents/guardians by telephone that the authorized persons have not received the child. Parents/guardians must pick up the child as soon as possible.

The **school** is between 3 and 10 miles from the **Kreative Kidz recreation center**. In the event that my child is not to be transported as outlined above, I agree to notify **Kreative Kidz** by 2pm on any given day.

Signature (Parent/Guardian)

Date

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Records Update

Participant Name: _____

Parent/Guardian Information - Complete a box for each parent/guardian; add page if necessary.

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: () _____
Alt/Cell Phone: () _____
Occupation: _____
Work Name: _____
Work Address: _____
Work City/State/Zip: _____
Work Phone: () _____
Relationship: _____
Parent/Guardian Email: _____

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: () _____
Alt/Cell Phone: () _____
Occupation: _____
Work Name: _____
Work Address: _____
Work City/State/Zip: _____
Work Phone: () _____
Relationship: _____
Parent/Guardian Email: _____

Emergency/Pickup Contact Information - Complete a box for each emergency/pickup contact; add page if necessary.

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: () _____
Alt/Cell Phone: () _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: () _____
Alt/Cell Phone: () _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: () _____
Alt/Cell Phone: () _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: () _____
Alt/Cell Phone: () _____
Relationship: _____

Medical Information Update

Family Physician: _____ Physician Phone Number: _____
Medical Problems: _____
Current Medications : _____
Allergies: _____
Special Instructions: _____

Parent/Guardian Signature

Date