

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



Summer Youth Enrichment Program Pre-Registration!

Dear Parent/Guardian:

Kreative Kidz' Summer Youth Enrichment Program is fast approaching. We are now *pre-registering* for the Summer Youth Enrichment Program – **Base Camp + S.T.E.M. Camp**. Pre-registration will take place *now through February*.

In order to complete the *enrollment process* and *reserve a seat* for your child a completed *waiver form* and *records update* form (see attached) must be submitted along with the *registration fee - \$35 for Base Camp or \$50 for S.T.E.M. Camp*. All completed forms and registration fees are due by the *end of February*. The *first week's program fee - \$80 for Base Camp or \$100 for S.T.E.M. Camp* is due by the *end of March*.

Only 25 seats are available in each age grade group:

- Group 1: Pk, K, 1st, and 2nd
- Group 2: 3rd-5th
- Group 3: 6th-9th

Please note that we will open registration to the general public in March, and we cannot guarantee seat availability at that point. If you have any questions, please feel free to contact me. We look forward to a **fun-filled, adventurous, educational summer!**

Thank you,

Jane E. Danko
Program Coordinator

Note: S.T.E.M. field trip participation will be based upon individual student's "benchmark" achievements throughout the program.

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Summer Youth Enrichment Program Waiver Form

This waiver must be fully completed and turned in before participating in any Kreative Kidz 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.

Summer Youth Enrichment Program: Base Camp ___ S.T.E.M. Camp ___

Participant Name: _____

Grade Going Into: _____

Parent/Guardian Name: _____

School Going Into: _____

Shirt Size: Small Med
(circle one) Lg XLg

Adult Sm

Adult Lg

Adult XLg

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.

Kreative Kidz requires evidence of *age-appropriate immunizations* or a signed affidavit against such immunizations. Parents/Guardians are responsible for submitting *updated immunization records* on a routine basis.

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 have read the Member Handbook and agree to the policies and standards set forth within. I also certify that I have read and understand the Participant Agreement and the Informed Consent and Release Liability and that by signing it I intend to be bound legally and to bind the participant and our perspective heirs, executors, administrators, successors, and assigns.

Signature (Parent/Guardian)

Date

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Records Update

(Please complete only if information has changed.)

Participant Name: _____

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

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

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

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

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

Medical Information Update

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

Parent/Guardian Signature _____

Date _____