

Start Date

KIDS UNITE YOUTH PROGRAM REGISTRATION FORM

Child's Name _____ DOB _____ M ___ F ___

Grade in Fall _____ Campus _____ Applied for the free/reduced lunch program: Y ___ N ___
(2018-2019)

WISD District Employee? Y ___ N ___

PARENT/GUARDIAN INFORMATION/EMERGENCY CONTACT

Primary Parent/Guardian:

Name _____ Relationship to Child _____

Home Address _____ City _____ Zip _____

Home/Cell Phone _____ Work Phone _____

Email Address _____

Secondary Parent/Guardian:

Name _____ Relationship to Child _____

Home Address _____ City _____ Zip _____

Home/Cell Phone _____ Work Phone _____

Email Address _____

OTHER PERSONS AUTHORIZED TO PICK UP CHILD

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Weatherford ISD Community Education Kids Unite

900 North Elm Street
Weatherford, Texas 76086
817-598-2806
Fax 817-598-2807

ENROLLMENT AGREEMENT INITIAL EACH

_____ PARENT PERMISSION, RELEASE AND INDEMNITY FOR SCHOOL SPONSORED TRIPS

I understand that the Weatherford Independent School District will provide transportation for all students for trips relating to school sponsored activities.

I hereby certify that the above listed child has my permission to participate in any one or more of such trips. To the best of my knowledge, he/she is physically fit to engage in such activities and is not suffering from any disease or injury which would disqualify him/her from making such trips.

I also give permission for my child to be transported to summer camp activities and field trips by bus, school or private vehicle driven by a licensed operator. I understand that the vehicle must be covered by liability insurance, and must be under the general supervision of a member of the school staff.

I agree and do hereby waive and release all claims against the Weatherford Independent School District and any teacher, employee, or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that in the judgment of any representative of the school the above student should need immediate care and treatment as may be given said student by any doctor, trainer, nurse, or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

It is understood by my child and me that all policies, regulations, and standards of the Weatherford Independent School District will be in effect and will be adhered to by my child on any trip.

It is understood that no child will be allowed to make any of the trips until this form is signed by his/her parent or guardian.

_____ ENROLLMENT/PAYMENT AGREEMENT

I understand that I am responsible for paying every week my child is enrolled in the KIDS Unite Youth Program. Payments are due the Thursday for the following week. Your child will not be allowed to attend if payment not made by midnight on Sunday. Checks or money order only at campus; cash may be dropped off at the ComEd office, 900 N Elm St.; or you may go to <http://comed.weatherfordisd.com> (must use log-in information given during initial registration). If you are signed up for Auto Pay the payments will be processed on Fridays at 9pm.

_____ LATE PICK UP FEE

Students picked up after 6:30pm will be charged a \$1.00 per minute late fee. **The campus clock will be the official timepiece.**

PHOTOGRAPHY/SOCIAL MEDIA

YES NO (PLEASE CIRCLE)

I give permission for my child's work and/or photos of my child to be published in newspapers, magazines and/or any written or electronic publication, on the WISD and/or ComEd website, blog and social media such as Facebook, Instagram and Twitter.

Signature of Parent/Guardian _____ Date _____

Does your child qualify for Special Education/504? Yes No

Please explain _____

HEALTH INFORMATION

Child's Name _____ DOB _____

Primary Care Physician _____ Phone # _____

Does your child have any special needs of which the staff should be aware? Yes No

If yes, please give details _____

Has your student ever suffered from asthma or any related breathing disorder? Yes No

If yes, please give details _____

Does your student have allergies and/or allergic reactions to any foods, medications, or insect bites?

Yes No

If yes, please give details _____

Has your student ever had epileptic seizures? Yes No

If yes, please give details _____

Is your child capable of taking care of his/her own personal hygiene needs? Yes No

Please list medications your student takes on a regular basis:

Medication (list everything the child is taking; use additional paper if needed)	Dosage	Purpose	Effect

(Parent/Guardian must also fill out the supplemental Medication Permit Form provided at campus)

Local Emergency Contact (Authorized to act on behalf of parent(s) if they cannot be reached)

Name _____	Relationship _____	Phone _____	Phone _____
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I release Weatherford ISD from liability in case of an accident. The staff has my permission to provide emergency health care if needed. I understand that I am financially responsible for any expenses for medical care and/or transportation incurred on my student's behalf. I have read and understand the above procedures and agree to comply with them.

Signature of Parent/Guardian _____ Date _____

KIDS UNITE Media Contract
2018-2019

Student Name: _____ Grade: _____

Yes No My child will **follow rules for technology use** while at Kids Unite.

Yes No My child has permission to **use school internet**.

Guidelines:

- All electronic devices (including accessories) must be identifiable and clearly labeled with student name.
- Electronics are to be used by the student during **designated times only**. (as communicated by KU Staff.)
- Any device being used during an inappropriate time may be collected by staff and returned to the student's parent(s) upon sign out.
- All content should be school and age appropriate and should not be shared among other students.
- Protective cases are recommended when possible to prevent accidental damage and/or lost items.
- Student will not have access to electrical outlets to charge their device(s).
- The Youth Programs are not responsible for personal items that are damaged, lost or stolen.

Parent Name: _____ Phone #: _____

Parent Signature: _____ Date: _____