



Program Registration

Only one registration packet per student required

Program Name(s):

1. Name of Class: _____ Day/Time: _____
2. Name of Class: _____ Day/Time: _____
3. Name of Class: _____ Day/Time: _____
4. Name of Class: _____ Day/Time: _____
5. Name of Class: _____ Day/Time: _____

Payment must accompany registration to ensure enrollment in the program.

Child's Name (Please Print): _____

Grade: _____ School Teacher's Name: _____

Parent Name(s) or Guardian: _____

Daytime Phone Number(s): _____ E-mail: _____

Pick up Authorization

A parent or guardian is required to sign out the child. Please designate below which option you choose for your child.

- I, the parent or guardian will sign-out my child after class.
- A Kaleidoscope representative will sign-out my child after class.
- My child can walk/bike from the program; the child will sign him/herself out after class. By signing below I authorize the child to be dismissed from the program without a parent or guardian present.
- In addition to myself, I wish to authorize someone else to pick up my child. The name(s) of the authorized person(s): _____

OVER



Emergency Information Form

Physician's name and phone #: _____

Are there any food allergies we should be aware of (dairy, gluten, nuts, etc):

In case of emergency and we cannot reach a parent, please indicate who to call:

Name: _____ Relationship: _____

Daytime Number: _____ Alternate Number: _____

Permission to Photograph

During the course of the program, we often take pictures of our students. We use these pictures in marketing materials and school-related promotions.

- Yes!** I give my permission to Edison Elementary and the enrichment programs to use photographs of my child, for free, for purposes of promoting the school and the before/after-school programs.
- No.** I do not give my permission to Edison Elementary and the enrichment programs to use photographs of my child.

I, the parent or legal guardian, acknowledge that the information included on this form is accurate and complete to the best of my ability.

Parent/Guardian Name (Signature)

Date