



Shiloh Homebase Enrollment Form

Use this form to register for Shiloh Homebase Afterschool Program 2013-14.

Completed form and payment must be turned in to guarantee your place. All sections **MUST** be completed.

PARTICIPANT'S INFORMATION

CHILD'S NAME (FIRST AND LAST) _____

GRADE: _____ DATE OF BIRTH: _____ GENDER: ☐ MALE ☐ FEMALE

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL: _____

PARENT/GUARDIAN(S) NAME _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

CELL PHONE: _____ ALT PHONE: _____

TRANSPORTATION

WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (Please note: Authorized persons must be an adult or an older sibling in high school or above. We will only allow your child to leave with the people you list here. A Photo ID or Password will be required.)

PEOPLE AUTHORIZED TO PICK-UP (PLEASE LIMIT TO 2):

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

MEDICATION INFORMATION

DOES YOUR CHILD TAKE ANY MEDICATION? ☐ YES ☐ NO

IF SO, LIST:

DOES YOUR CHILD NEED MEDICATION ADMINISTERED DURING THE PROGRAM? ☐ YES ☐ NO

IF SO, LIST:

FEE INFORMATION

There is a **\$35.00** charge per child, per month. The first month's charge must be paid, up front, before a child can participate in the program.

FEE RECEIVED: \$ _____ **PAID BY:** ☐ Cash ☐ Check ☐ Credit/Debit ☐ Other _____

LIABILITY WAIVER

By signing this document I (we) agree to the following terms: In case of illness or accident, Shiloh Homebase is authorized to secure emergency medical treatment at my expense. Shiloh Homebase reserves the right to dismiss any participant who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of fees paid. Shiloh Homebase assumes no responsibility for personal property that is either in or out of lockers. By signing this After-School Enrollment Form, I (we) hereby waive any and all claims against Shiloh Homebase. I understand that use of the facilities and equipment at Shiloh Homebase may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that the child registered above can safely participate in activities and events at Shiloh Homebase. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against Shiloh Homebase, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using Shiloh Homebase facilities and services, except as limited by law.

NOTICE - In order to promote a safe and secure environment, Shiloh Homebase has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, Shiloh Homebase reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

Shiloh Homebase may use the above listed participant's photo for promotional purposes. Please check the appropriate box: I give Shiloh Homebase permission to use photographs of participant.

☐ YES ☐ NO

NAME OF PARENT OR GUARDIAN (PRINT) _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____

STAFF USE ONLY

Date Form Turned In: _____

Staff Name: _____

