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**After-School Program Application Form**

Date: \_\_\_\_\_

Student #1 \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  Female  Male

Student # 2 \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  Female  Male

Student #3 \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  Female  Male

Father/Mother/Guardian #1 \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Mother/Guardian #2 \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_

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**For sprouts official use only**

<b>Number of students enrolled</b>	
<b>Programs</b>	
<b>Fees</b>	
<b>Monthly tuition</b>	
<b>Compose Name</b>	



MEDICAL INFORMATION

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Food or substance allergies, etc.: \_\_\_\_\_

MEDICAL CONDITIONS AND INFORMATION

- No medical concerns
Asthma Requires medication/inhaler \_\_\_ Yes \_\_\_ No \_\_\_ Daily \_\_\_ As needed \_\_\_ With exercise
Allergic reactions To what? \_\_\_\_\_
Diabetes \_\_\_ Type I \_\_\_ Type II Medications: \_\_\_ Oral \_\_\_ Injection \_\_\_ Pump
Seizure disorder Date of last seizure \_\_\_\_\_ Requires medication? \_\_\_ Yes \_\_\_ No
Heart problems Diagnosis: \_\_\_\_\_ Physical restrictions \_\_\_ Yes \_\_\_ No
Hospitalization Date/Explain: \_\_\_\_\_
Assistive Devices \_\_\_ Corrective shoes/braces \_\_\_ Crutches \_\_\_ Wheelchair/scooter \_\_\_ Glasses
Taking Medication For what condition: \_\_\_\_\_

List any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long term continuous use and any other information which our staff should be aware of :

If my child suffers a serious injury or illness, I understand first aid will be rendered in accordance with local school practices. If neither my alternate nor I can be reached by phone, please call the doctor listed or transport my child to any available medical facility. I am aware that in most situations the physical/medical facility will not treat a minor child without parent permission. I understand that the school assumes no financial responsibility for medical care or transportation. I give consent for Sprouts Education Center to secure any and all necessary medical care for my child. I absolve Sprouts Education Center from liability to my child because of injury in the school, field trip or other school activity away from school. I further understand that Sprouts Education Center will not be responsible for any charges / expenses incurred as a result of emergency/urgent / first aid medical attention provided to my child. I bear full responsibility for expenses of this nature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To the best of my ability, I/we have provided accurate and truthful information on this application for admission. I understand and agree that the admissions process cannot be completed until Sprouts Education Center has received all required documents. I understand that incorrect and incomplete information and late or non-payment of fees and /or tuition may result in delays and possible declination of admission. I understand that all registration fees are non-refundable.

Parent/Guardian's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Name : \_\_\_\_\_ Relationship to Student : \_\_\_\_\_



## EMERGENCY INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

I give consent for Sprouts Education Center to secure any and all necessary medical care for my child. I further understand that Sprouts Education Center will not be responsible for any charges/expenses incurred as a result of

emergency/urgent/doctor's visit/hospital visit/first aid or medical attention provided to my child. I bear fully responsible for expenses of this nature.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WAIVER AND RELEASE FROM LIABILITY

### Waiver of participation and release of liability:

As a condition of participation in the program, I waive any and all claims against Sprouts Educational Center, its affiliates and/or agents for injury or damage that may be sustained as a direct or indirect result of my child's participation in activities. I also promise to hold Sprouts Educational Center, its affiliates and/or agents harmless and indemnify them for any damage, expenses or judgments that may occur as a direct or indirect result of such participation. He/she is physically fit and has no injuries or disabilities, which would affect his/her participation in the activities of the said program. I give my consent to his/her being administered any emergency medical treatment by a physician or hospital in case of an accident or illness.

### Authorization of Photo Release:

I hereby assign and authorize Sprouts Educational Center the right (all rights) in and to pictures. I also authorize Sprouts Educational Center, without limitation, the right to reproduce, copy, exhibit, publish (broadcast) or distribute any such picture, and waive any rights or claims I may have against Sprouts Educational Center and/or any affiliates, subsidiaries, or assignees except as outlined in this contract.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with Sprouts Educational Center (SEC) activities and events organized by Sprouts Education Center.



**The UNDERSIGNED:**

1. Fully understands, as parent(s) or legal guardian of my child(ren), that the presence on SEC grounds may involve risk of accidents or personal injuries. Therefore, on behalf of my child, my spouse/partner and myself, the undersigned has hereby agreed to release, waive, discharge and covenant NOT to sue and to hold SEC responsible, its board members, teachers, contractors, volunteers, administrative officers, employees and any other associated personnel including owners or landlords of the premises utilized by the ISAT, of and from any and all claims, actions and damages for accidents, personal injuries, emotional distress, disabilities or death that my child or any of my family members have or may have sustained while on SEC property.
2. Further agrees to take full responsibility for my child(ren) to observe, follow and obey any and all rules of SEC.
3. Authorizes SEC to seek emergency medical treatment for my child at an available medical facility at my own expense.
4. Agrees that in the event any unsafe personal conduct or physical condition on the premises of SEC is discovered or observed, that I will report it to SEC representative as soon as possible.
5. Agrees to take full financial responsibility for any damage to SEC facilities and property caused by my child, family members or myself.
- 6. Sprouts Educational Center (SEC) will follow Your Child school Calendar and regulations.**

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed freely, voluntarily and under no duress. I am 18 years of age or older and mentally competent to enter into this waiver.

\_\_\_\_\_  
Parent or Legal Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date