



# Inspiring Minds KidsBridge Summer Learning Program 2019 REGISTRATION FORM

Please complete this form to apply to Inspiring Minds FREE KidsBridge Summer Learning Program. This program is intended for incoming kindergarten students. Space is limited. Students who are registered at Robert Bailey, Asa Messer, Alan Shawn Feinstein at Broad Street, and Charles N. Fortes and those who have not had high-quality early learning experience will be given preference. Program Dates: July 8-August 16, 2019. It is expected that every child accepted is in-school, on time, every day for the duration of the program.

## CHILD'S INFORMATION

First Name: _____	Grade Entering: _____ K _____
Last Name: _____	School Attending in Fall 2019: _____
Birth Date: _____ Age: _____	_____
Home Phone: _____	Ethnicity (circle) Hispanic Not Hispanic
Address: _____	Race: _____
City/State/Zip: _____	Gender: _____
Child's Primary Language: _____	

## PARENT/GUARDIAN INFORMATION

GUARDIAN #1	GUARDIAN #2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Languages Spoken: _____	Languages Spoken: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
E-Mail: _____	E-Mail: _____

Has your child ever attended a child care program? \_\_\_\_\_ If so, where? \_\_\_\_\_  
How did you find out about our program? \_\_\_\_\_

**Child's Identifying Information**

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Allergies/Special Diets: \_\_\_\_\_

Medications taken at home: \_\_\_\_\_

Emergency Medications to be sent to KidsBridge: \_\_\_\_\_

**FIRST AID AND EMERGENCY CARE CONSENT FORM**

I authorize staff of Inspiring Minds, who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medications: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach. \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

**Emergency Contact and Approved Pick Up List**

Are there any custody agreements, court orders, or restraining orders pertaining to your child?

\_\_\_\_\_ If yes, please attach.

I give permission to the following people, including myself to be contacted in the event of an emergency and to pick up my child at the end of the day.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home & Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home & Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home & Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Yes	No	<b>Please initial for permission to the following statements.</b>
		I give permission for my child's photo or statements about Inspiring Minds program to be used in Inspiring Minds publications, press releases, etc.
		I understand that by submitting this application, I authorize Inspiring Minds to make necessary arrangements for my child in case of serious injury or illness. I understand that there are risks in my child's presence and participation in this program. I hereby agree on behalf of my child to assume any and all risk of bodily injury, or property damage arising out of or caused by my child's presence or participation in this program.
		<p>As lawful consideration for Inspiring Minds permitted my child to participate in Inspiring Minds FREE KidsBridge Summer Learning Program (the "Program"), I agree to all the terms and conditions set forth below:</p> <p>I recognize there are certain inherent risks associated with my child's participation in the Program and assume full responsibility for personal injury to my child. I hereby expressly waive and release any and all claims, now known or hereafter known, against Inspiring Minds, and its officers, directors, employees, agents, successors, and assigns (collectively, "Releasees"), arising out of or attributable to my child's participation in the Program, whether arising out of the negligence of Inspiring Minds or any Releasees or otherwise. I covenant not to make or bring any such claim against Inspiring Minds or any other Releasee, and forever release and discharge Inspiring Minds and all other Releasees from liability under such claims.</p> <p>This statement constitutes the sole and entire agreement of Inspiring Minds and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter.</p>
		I give permission for my child to go on field trips and short walks, to and from, local community resources, including but not limited to, the libraries and area parks. I understand that I will be notified in advance about local trips and walks.
		I understand that this is a free program and it is the expectation of the sponsors that every child is in-school, on time, all day, and every day. Program is five-days per week for six-hours each day. There is no program on 8/12/19. Also, I will attend the required open house, mid-summer teacher conference, and end of year celebration.

\_\_\_\_\_

PARENT/GUARDIAN NAME

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

Parents/Guardians will be notified by  
June 14 of admission to the program.