

**2017/2018**  
**Before & After School**  
**Enrollment Application**

Child's Information

Child's Name: _____	Date of Birth: _____	Age: _____
Child's Address: _____		Grade: _____
City: _____	State: _____	Zip: _____
Phone #: _____		
Sex: M    F	Date of Enrollment: _____	Start Date: _____
Name of School/Center Child Previously Attended: _____		
Name of School/Center Child Currently Attending: _____		
<b>Program Enrollment:</b>		
Before & After Care (\$ 80.00) _____	Before & After Care ( <i>sibling discount</i> : \$ 72.00) _____	
Before Care only (\$ 55.00) _____	After Care only (\$ 55.00) _____	Before or After Care ( <i>sibling discount</i> \$ 49.50) _____

Parent's Information

Mother: _____	Email Address: _____	
Home Address: _____		
City: _____	State: _____	Zip: _____
Place Employed: _____	Business Phone: _____	
Home Phone: _____	Cell Phone: _____	
Father: _____		Email Address: _____
Home Address: _____		
City: _____	State: _____	Zip: _____
Place Employed: _____	Business Phone: _____	
Home Phone: _____	Cell Phone: _____	
Person(s) or Agency that has legal Custody of Child: _____		
Phone #: _____		

Emergency Information

Allergies or Intolerance to Food, Medication or other Special Needs: _____	
_____	
Child's Physician: _____	Phone #: _____

**Names & Full Address of Two People to Contact if Parents CANNOT be Reached**

Name: _____	Phone #: _____
Address: _____	City: _____ State/Zip: _____
Name: _____	Phone #: _____
Address: _____	City: _____ State/Zip: _____
Person(s) Authorized to Pick Up Child: _____	
Person(s) <b>NOT</b> Authorized to Pick Up Child*: _____	
* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.	

<b>Required Credit Card Number (An active credit card number is required to be on file at all times. Registration CANNOT be processed without this information.)</b>	
Account #: _____	Exp. Date: _____
Signature: _____	Three Digit Code: _____

**Agreements**

1. WISC Kid's Club agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes WISC Kid's Club to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
3. The parent/guardian agrees to WISC Kid's Club's rules and regulations as described in the policy guidelines.
4. The parent/guardian agrees to inform the center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
5. The parent/guardian acknowledges that once this completed application is turned in to Kids Club Before & After School and processed, a two weeks' notice of withdrawal from the program will need to be submitted or a two-week cancellation fee will apply.

**Signatures**

_____	_____
<b>Parent or Guardian</b>	<b>Date</b>
_____	_____
<b>Director</b>	<b>Date</b>
Tuition Amount: _____ Deposit Received: _____ Cash _____ CC _____ Check # _____	
Date Child Entered Kid's Club: _____ Date Child Departed Kid's Club: _____	

**Office Use Only – Identity Verification**

Place of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, a copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.

# B&A

## AUTOMATIC PAYMENT PROGRAM

### ENROLLMENT FORM

2017/2018 B&A

Child's Name \_\_\_\_\_

**Payment Authorization:** I agree to allow WISC Kids Club, to charge the credit/debit card number listed below for my child's tuition/fees. If at any time I wish to terminate this agreement, I will notify WISC in writing. I understand this information will be kept in a secure location and will be shredded upon the completion of the school year.

**Please Circle: Debit Card or Credit Card**

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Tuition Amount: \_\_\_\_\_ \$80.00 p/wk B&A      \_\_\_\_\_ \$72.00 p/wk B&A Sibling Discount  
                         \_\_\_\_\_ \$55.00 p/wk B or A      \_\_\_\_\_ \$49.50 p/wk B or A Sibling Discount

\*\*\*\*\*Charges are continuous through the school year including Breaks, Holidays, and school closings. For this, our program allows one vacation week where billing is suspended. These vacation requests are asked to be made in writing and submitted two weeks prior to the vacation.\*\*\*\*\*

**Tuition will be charged a week at a time**

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

**Note: WISC Kids Club accepts Mastercard and Visa only.**

**WAIVER AND RELEASE**  
**Williamsburg Indoor Sports Complex**

I intend to use or participate in some or all of the activities, facilities, equipment, programs and services offered at or by Williamsburg Indoor Sports Complex LLC (“WISC”). WISC’s facilities are below referred to as “the WISC”.

1. In consideration of gaining membership or being allowed such use or participation at WISC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge WISC and its owners, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in WISC’s facilities or arising out of any activities or events occurring at the WISC.

Please Initial \_\_\_\_\_

2. I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at the WISC are either educational, recreational, social, or self-directed in nature. Knowing that, I agree that my participation in any and all of the activities at WISC is strictly voluntary and has not been requested or required by WISC. I further agree that my participation in any and all of the activities at WISC is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

Please Initial \_\_\_\_\_

3. I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities at the WISC. I acknowledge that I have either had a physical examination and have been given a physician’s permission to participate in these activities, programs, facilities and services at the WISC, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for my participation in such activities, programs, facilities and services, as well as for my use of any and all equipment and machinery in connection with them.

Please Initial \_\_\_\_\_

4. Finally, I understand that the activities, facilities, equipment, programs and services offered at the WISC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of WISC employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by WISC to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by WISC to provide such professional services.

Please Initial \_\_\_\_\_

**PARENT/GUARDIAN-CHILD AGREEMENT:** I am hereby giving my consent and permission for my child/children \_\_\_\_\_ (print names) to be an active member of the WISC and to participate in the activities and programs for which they are registered. I understand that under certain circumstances they will be able to workout or participate in activities without direct supervision. I acknowledge that I am responsible for their actions, and that if they are not demonstrating proper usage of machines, facilities or equipment or exhibiting proper behavior, they will face appropriate disciplinary actions. I understand that WISC’s is a family atmosphere and that my child/children need my support, motivation, encouragement and supervision to succeed in a fitness or sports program, and I agree to provide it.

Participant Name \_\_\_\_\_  
(Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Participant’s Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent, if participant is under 18 years old)

WISC Representative \_\_\_\_\_ Date \_\_\_\_\_

# PHOTO OPT OUT FORM

Dear Parents:

During various occasions (special activities, celebrations, guest speakers...), the center director and staff will take photographs of the children. The photographs may be used within the center for special projects, on the school website, as well as in various media publications. If you wish for your child **NOT** to have their photograph taken, please sign and return this form to the Kids Club Director. If this form is not received, it is assumed that it is okay to photograph your child.

I **DO NOT** give permission for my child to be photographed. I understand that there may be certain projects/activities that my child may not be included in or that may be altered for my child based on this request.

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(Parent/Guardian's Signature)

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(Date)