



Knowledge-First Empowerment Center



Providing Academic Services-Enhancing Educational Values

2651 Cartwright Rd., Suite C – Missouri City Texas 77459

(281) 499-8315 / (713) 527-4011

www.knowledge-first.org

Afterschool & Transportation Registration

Participant Information

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

SEX: MALE FEMALE / BIRTHDATE: MONTH: _____ DATE: _____ YEAR: _____ AGE: _____

KNOWN ALLERGIES AND MEDICATIONS: _____

SPECIAL NEEDS THAT STAFF SHOULD BE AWARE OF _____

Parent/Guardian Information

LAST NAME: _____ FIRST NAME: _____

PHONE HOME: _____ WORK: _____

RELATIONSHIP TO CHILD _____ MOBILE: _____

E-MAIL ADDRESS _____

LAST NAME: _____ FIRST NAME: _____

PHONE HOME: _____ WORK: _____

RELATIONSHIP TO CHILD _____ MOBILE: _____

E-MAIL ADDRESS _____

Same as above ADDRESS: _____

CITY _____ ZIP _____

Emergency Contacts

LAST NAME: _____ FIRST NAME: _____

PHONE HOME: _____ WORK: _____

RELATIONSHIP TO CHILD _____ MOBILE: _____

E-MAIL ADDRESS _____

LAST NAME: _____ FIRST NAME: _____

PHONE HOME: _____ WORK: _____

RELATIONSHIP TO CHILD _____ MOBILE: _____

E-MAIL ADDRESS _____

PHYSICIAN _____ MEDICAL PLAN _____

PHONE _____

If listed contacts and physician cannot be reached, what action should be taken?

___CALL EMERGENCY HOSPITAL ___OTHER

EXPLAIN OTHER: _____

Sign Out Authorization

List additional persons authorized to sign the child out of the program. (In addition to parents / guardians / emergency contacts)

NAME _____ RELATIONSHIP TO CHILD _____

PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____

PHONE _____

Program Days & Weeks

Program dates reflect those of the Fort Bend Independent School District. We will provide services for those parents needing supervision for their children when school is not in session. Call for dates, times, arrangements and fees.

Consent for Medical Treatment

As the parent or authorized representative, I hereby give consent to the Knowledge-First Empowerment Center to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), or dentist (D.D.S.) for (please print child's name)

_____. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the child named above.

Signature _____ Date _____

Policies and Information – Please Review and Sign

Knowledge-First Empowerment Center's Afterschool program is a valuable educational experience available to students in 1st – 12th grade (as of September 2009). The program begins August 31st through June 3rd, Monday through Friday from 3:00pm to 6:30pm, and on Saturdays from 9:00am to 3:00pm. Our dates of operation will reflect those of the Fort Bend Independent School District. A courtesy bus will be available to provide transportation from the following campuses: ARMSTRONG, GLOVER, HUNTERS GLEN, LANTERN LANE, E. A. JONES, & QUAIL VALLEY ELEMENTARY. Parents will pick up students anytime before 6:30pm from the Empowerment Center. This program meets at the Knowledge-First Empowerment Center, located at 2651 Cartwright Rd., Suite-C. Early morning service is also available for those parents who may need this option. Please call us at 281-499-8315 if you have any questions regarding either program.

Program Description

Participants will receive homework assistance in math, reading, language arts, science and social studies. After homework is completed, students will have the option of participating in enrichment activities, sports, fun games, arts & crafts, and more. Trained staff will supervise participants while emphasizing the importance of teamwork, good sportsmanship, and cooperation through games, sports, and group activities.

Afterschool Staff

The Afterschool staff is comprised of educational and recreation professionals as well as university students with experience in recreation and youth leadership. Our staff is dedicated to providing a safe learning environment for each participant. The staff is responsible, qualified, and trained to work with students of all ages.

Snack

Snacks will be provided for each student. Water will also be provided throughout the day. Please indicate any food allergies your child may have on his or her registration form.

Illness

Should your child become ill, you will be notified and must arrange for your child to be picked up as soon as possible. If staff is unable to reach the parent/guardian, the next person on the emergency card will be contacted to pick up your child. Your help is greatly appreciated. We wish to provide a healthy atmosphere for our participants and staff.

Clothing and Valuables

For safety reasons, please make sure that students **do not** wear open-toed shoes. Please encourage students to take care of their belongings. To avoid ownership problems, please label on anything that is brought from school or home. Knowledge-First Empowerment Center **is not responsible for lost or stolen items.**

Promptness

Parents are responsible for picking up their child from Knowledge-First Empowerment Center. **Parents must sign their children IN and OUT of the program on a daily basis unless** the waiver Self Sign In and Out waiver is completed. Parents must be prompt when picking up their student. Hours are from 3:00pm to 6:30pm, Monday through Friday. On Saturdays from 9:00am to 3:00pm. Special arrangements or accommodations for those parents needing extra time may be made on an individual basis for an extra fee.

Payments

Fees must be paid according to the payment schedule selected by the parents. Policy states that the payments must be made ON or BEFORE the date due. Your child may not participate until fees have been paid. A late fee of \$5.00 per day will be charged for delinquent payments. Invoices will not be sent out. It is the responsibility of the parent to record the proper payment dates. Payments must be walked in or mailed in to the Office. Registration is on a first come, first serve basis.

Photo Release

I, (please print your name) _____, give the Knowledge-First Empowerment Center, the absolute right and permission to use my child's (please print child's name) _____ photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media, or other form of promotion. I release Knowledge-First, the photographer, their offices, employees,

agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Signature _____ Date _____

I do not authorize the use of my child's photograph.

Signature _____ Date _____

Refunds

Refunds will not be given after the first day of camp. Refunds will not be given for absences or vacations during the run dates of camp.

I have read and understand the Summer Camp Policies and Information.

Signature _____ Date _____

Agreement, Waiver, and Release

I have carefully read description of class(es) / program(s) for which I am/we are registering and in consideration for being permitted by the Knowledge-First Empowerment Center to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Knowledge-First Empowerment Center (its officers, officials, employees, and volunteers) from any and all liability arising out of, or connected in any way, with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

Parental Consent

(Must be completed and signed by parent/guardian if participant is under 18 years of age)

I hereby consent that _____ participate in the Knowledge-First activities, and I hereby execute the above agreement, waiver, and release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold harmless the persons and entities mentioned above, free and harmless from any loss, liability, damage, cost, or expense,

which may occur as a result of death or injury, or property damage, that said minor may sustain, while participating in said activity. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE KNOWLEDGE-FIRST EMPOWERMENT CENTER AND MYSELF AND I SIGN IT OF MY FREE WILL.

SIGNATURE OF PARENT/GUARDIAN.

Signature _____ Date _____

Behavior Standards and Expectations

It is our goal to make this summer an exciting and worthwhile experience for your child. This requires participants to follow basic rules such as respect for staff and other participants, teamwork, maintaining a positive attitude, and common courtesy. Disrespectful behavior, inappropriate language, and inappropriate physical contact directed towards staff members, participants, or the general public will not be tolerated, and will be disciplined according to the policies of the Knowledge-First Empowerment Center. Behavior that does not follow the guidelines and rules set forth by the Knowledge-First Empowerment Center may result in the following:

- Verbal warning to child, followed by a written warning if behavior continues. A phone call notifying parent/guardian of child's behavior will be made in the case of a written warning.
- Two written warnings will result in a one day suspension from the program.
- Incidents such as violent acts, profanity, and disrespectful speech or behavior will result in an immediate suspension for the remainder of the program day and the following program day. This requires the participant be picked up immediately from the program. Failure to pick up child at the request of staff may result in expulsion from the program.
- A second suspension from the program will result in suspension for no less than five program days and up to expulsion from the program, depending on severity of incident.
- Refunds will not be given for time missed due to behavior related absence. Please discuss these expectations with your child. We appreciate your role in making this summer a positive experience for your child. I have read and understand the Behavior Standards and Expectation of the Knowledge-First Empowerment Center and I agree to the terms and guidelines above.

Signature _____ Date _____

Participant Self Sign In/Out Authorization

I authorized my child to sign themselves into the program when they arrive: YES NO

I authorized my child to sign themselves out of the program at the end of the day: YES NO

Signature _____ Date _____

Registration Information

_____ Before School only - \$35.00

_____ Afterschool only - \$50.00 per week

_____ Saturday only - \$20.00

_____ Before School (+) Saturday - \$50.00

_____ Afterschool (+) Saturday - \$65.00

_____ Before school/Afterschool/Saturday - \$80.00

Payment Information

MasterCard

Visa

Personal Check

Cash

Card Number: _____ Card Exp. Date: _____

Card I.D. # _____ The 3 or 4 digit security code may be found on the back of the card.

Amount to be Charged \$ _____ Current Date: _____

Name as it appears on Card: _____

ADDRESS _____ CITY _____ ZIP _____

My signature below authorizes agreement to charge my credit card to provide services.

Signature _____ Date _____

Check Amount & # _____ / _____ Cash Amount: _____

For Office Use Only:

Completed By: _____ Date: _____