



Spark! Family Enrichment Center Registration

This form must be signed at the bottom for acceptance. Your privacy is important to us. Your information will not be shared. Your information is for emergency/liability purposes.

Mother's/ Guardian Name _____ **Father's Name** _____

Street Address: _____ **City** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ **WK:** _____

Emergency Contact: _____ **phone:** _____

EMAIL: _____

People given permission to pick up child(ren):

Name: _____ Relationship _____

Name: _____ Relationship _____

CHILDREN:

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

Please list Allergies or medical Conditions:

Child: _____ Reaction: _____ Response requested: _____

Child: _____ Reaction: _____ Response requested: _____

Are there any medications that need to be dispensed while at Spark! Yes _____ No _____ if yes, please explain: _____

How did you hear about us? Please allow us the opportunity to thank them! Circle all that apply:

Through a friend (name): _____ Flyer : (Where?) _____

Online: Where? _____ Sign: _____ Walk-in: _____ Other: _____

Classes Interested in: _____

SPARK! ENRICHMENT CENTER POLICIES:

- I understand that I am responsible for full payment before each class
- I will notify my Instructor of any physical limitations/ medical issues I/my children may have.
- I understand that I give Spark! Enrichment Center permission to take photos/videos of me/my children & that they may use these photos/videos in any media they find suitable.
- I understand that, if I am unable to attend a class that I have previously scheduled, I must inform the Spark! Location directly at least 1 hour prior to class for classes and 24 hours for tutoring & private instruction or be charged the full amount for the lesson/class.

I have read and accepted all Spark! Enrichment Center Policies. I understand that there are certain risks and dangers associated with the activity and use of facilities and that these risks have been fully explained to me. I fully understand the danger involved. I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these activities and follow all safety instructions.

I waive and release Spark! Enrichment Center for any claim for personal injury, property damage, or death that may arise from my and my child's use of the facilities or from my and my child's participation in the activities or instruction.

I am a competent adult, and I assume these risks of my own free will. *If student is under 18 years of age, parent or legal guardian must sign.

Parent/ Guardian Printed Name : _____ **Signature:** _____

Student Printed Name: _____ **Student Signature:** _____

FOR OFFICE USE: _____ CC _____ QB _____ date _____ Staff initials _____