

Home School Registration Form



Student's Name _____ Age: _____ DOB: _____

Parent/Sponsor's Name(s) _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact Name: _____ Phone: _____

E-mail: _____

Address: _____

Are you a Member? _____

Registration is \$5 per child. After August 10th, 2017 the late registration is \$10 per child.

CHILDREN AGES 4 AND UNDER MUST HAVE AN ADULT ON THE PREMISES AT ALL TIMES. NO EXCEPTIONS.

WEDNESDAY CLASSES ONLY:

Which classes will you attend (**Ages 4-7 only**)?

ART MUSIC PE SPANISH SWIM

Which **music** class are you registering for (**Ages 8 and up only, choose ONE**)?

PIANO I II III GUITAR I II III

DRUMS I II III BAND I II III

What other classes are you registering for (**Ages 8 and up only**)?

ART PE SWIM SPANISH I II III

MONDAY CLASSES ONLY:

Which classes will you attend (**Ages 3-6 only**)?

DANCE ART MUSIC

Which classes are you registering for (**Ages 7+ only**)?

DANCE SCIENCE LAB (11:00-12:00) SCIENCE LAB (2:00-3:00)

Which **music** class are you registering for (**Ages 7 and up choose ONE**)?

CHOIR STRINGS I PIANO I

PLEASE SEE REVERSE SIDE FOR MORE DETAILS

By signing this Program Enrollment Form, I (we) agree to the following: program enrollee will abide by the terms of this agreement at all times during the period of the program enrollment and will comply with all rules and regulations posted or otherwise communicated to enrollee. The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the enrollment of any program enrollee who fails to comply with any posted rules and regulations or otherwise breaches the terms of this agreement, in which case the program enrollee will not be entitled to a refund of dues. Program enrollment rights are not transferable, and grant permission for the Kroc Center to make visual recordings of all individuals listed on this form for its responsible use.

Liability Waiver: I understand that the use of the facilities and equipment of The Salvation Army Kroc Center may involve risk of bodily injury or property damage, and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at the Kroc Center. I also understand and agree that by signing this agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue for injury or property damage or any other loss that I might suffer while using the Kroc Center facilities and services including in connection with my participation in off-site activities.

Notice: In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, the Kroc Center reserves the right to consult public sources to determine whether any member, guest, or program enrollee poses an unreasonable risk of harm to its patrons, staff, or visitors and to refuse admittance to any such person.

By signing below, you agree to these terms and understand that enrollment fees are non-refundable.

Signature: _____ Date: _____

Name: (please print) _____

Does the participant have any medical conditions of which the instructors should be aware?
