



Where Children can Dream!

Afterschool Application 22-23

Child's name; _____ DOB ____/____/____ Gender: _____ Grade: _____

Child's name; _____ DOB ____/____/____ Gender: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian' Name: _____ Email: _____

Cell #: _____ - _____ - _____ Employer: _____ Work #: _____ - _____ - _____

Cell #: _____ - _____ - _____ Employer: _____ Work #: _____ - _____ - _____

Emergency Contact & Authorized Pick Up

Name: _____ Contact Phone #: _____ - _____ - _____

Name: _____ Contact Phone #: _____ - _____ - _____

Child's Physician: _____ Phone #: _____ - _____ - _____ EXT _____

Insurance Company: _____ Policy #: _____

Emotional/behavioral, heart/lung condition, asthma, diabetes, speech/communication, hearing, other:

Please describe: _____

Please use additional sheet if needed.

I have read the completed application; understand the rules of the KTDC After School program. I acknowledge, on behalf of myself, any other parent or guardian of my child, I/we agree to indemnify and hold harmless the KTDC, their agents, members, employees, counselors, and volunteers, from any all liability, claims, suits, demands, damages, judgments, costs, interests and expenses (Including attorney's fees and all legal costs, any injury and costs of medical services, etc.) arriving directly or indirectly from KT Destiny Center After school program or participation or transportation of my child with regard to any activity. I further waive all claims I may have against KTDC, to the fullest extent permitted by law. I also acknowledge I have the authority and ability to sign this permission form inclusive with all its components. In the event any provision of this form is deemed invalid, the balance remains in full force and effect. I give my consent for photographs, in which the child(s) may appear to be used in any way the KTDC may use them to support the mission of the KTDC. Authorization to treat a minor: If I cannot be reached in an emergency, I hereby give permission to the KTDC to allow any physician, medical facility, or other healthcare provider, including paramedic, to provide any emergency medical treatment deemed necessary in the event of injury or illness of my child.

By signing below, I have read and **agree / agreed** with the terms and conditions.

Parent/Guardian' Signature

Date _____