

EDUCATION PROGRAM STUDENT ENROLLMENT FORM

FOR OFFICE USE ONLY (school year _____)
PLACEMENT: _____
SECTION: _____

Student Information (please print)

Child's Full Name:	Preferred Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address (#, Street, City, State, Zip Code)	Home Phone:	Date of Birth:

Family Information (please print)

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code)	Cell Phone:
Drivers License Number (State & Number)	Employer:	Employer Contact Number:
Email Address:		

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code)	Cell Phone:
Drivers License Number (State & Number)	Employer:	Employer Contact Number:
Email Address:		

Student Release Permission

Individuals (other than parents) who may take child from school or to notify in case of emergency: All listed individuals need to be prepared to show identification.

Name:	Relationship to Child:	Contact Phone Number:
Name:	Relationship to Child:	Contact Phone Number:
Name:	Relationship to Child:	Contact Phone Number:
Name:	Relationship to Child:	Contact Phone Number:

Telephone Authorization Code:

(You will be asked this code when calling the school to make changes to any enrollment or pick up information)

The following individual(s) may NOT remove my child from the facility:

Name(s)

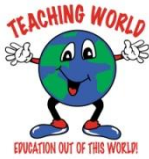
Custody papers have been provided and are on file at the facility:

YES NO

Media Permission

I give permission to Teaching World to use images of my child for newspaper, internet, newsletters, etc.

YES NO



MEDICAL AND EMERGENCY INFORMATION

I (Parent's Names) _____ hereby give my permission for the prior mentioned child to receive medical and surgical treatment from a licensed physician or medical technician in the event of my absence during a medical emergency. Further, I understand that I, and not Teaching World, will be responsible for any payment of fees or costs associated with treatment rendered in such a medical emergency.

In case of injury or sudden illness, I request that this individual be called first should I be unavailable:	
---	--

Immunization Information

We **DO NOT** offer immunization exemptions of any kind; therefore, all students must have an official copy of documented immunizations attached to this enrollment form.

For more information regarding current immunization requirements go to: <http://healthandwelfare.idaho.gov>

Updated immunizations received and attached:	mm/dd/yy	mm/dd/yy	mm/dd/yy/
--	----------	----------	-----------

Medical Information:

Is child allergic to food or other substances? If yes, describe symptoms, name food or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there any physical condition that we should be aware of? If yes, describe condition and what precautions should be taken:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Additional comments or other special instructions:		

Medication Information:

Medication(s) Taken <input type="checkbox"/> <input type="checkbox"/>	Initials: _____ By initialing, I give Teaching World permission to administer the listed products according to the manufacturer's instructions or according to the attached <u>Medication Consent Form</u> completed by the doctor, dentist, parent or guardian.
---	--

Student Enrollment and Emergency Authorization

I agree that this Waiver and Release of Liability shall apply to each day my child attends Teaching World regardless of the date that this form is signed below. I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or other family members while on the premises of Teaching World or participating in any off-site Teaching World program or activity; and to the maximum extent of the law, I agree to waive and release any and all claims, suits or related causes of action against Teaching World, their owners, officers, employees or agents for injury, loss, death, costs or other damages to me, my heirs or assigns, or third parties for claims, suits or related causes of action asserted against Teaching World arising from my conduct and/or my family members conduct while on the premises of Teaching World program or activity. I further agree to release, indemnify, defend and hold Teaching World harmless from any liability whatsoever for future claims presented by my child for any injuries, losses or damages.

Parent/Guardian Signature

Date

Management Signature

Date