

# A.S.K. Charitable, Inc.

## Enrollment Section

Thank you for registering your child with the group tutoring A.S.K. Charitable Program.

### The enrollment process made simple

- 1) Please fill out the information requested below and then return the completed paperwork to the A.S.K. Charitable tutor at your child's school. Do not return the paperwork to the school's front office, as they do not handle our records.
- 2) We will need a copy of your child's immunization records, transcribed onto the approved State of Colorado form.
- 3) We will NOT need a doctor's signature on any of the forms unless your child needs to take "Over the Counter" medication.

That's it, you're done!

Thank you again, we look forward to helping your child(ren) with their school work and sharing extracurricular activities with them.

Sincerely,

Bill Black  
Executive Director-A.S.K. Charitable, Inc.  
1525 Pelican Lakes Pt. Unit B  
Windsor, Co. 80550  
970-460-0031

## A.S.K. Charitable, Inc. Enrollment Form

School Name \_\_\_\_\_ Academic Year \_\_\_\_\_/\_\_\_\_\_

Child's Name \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Phone # \_\_\_\_\_

Description of Child (race, hair color, eye color) \_\_\_\_\_

\_\_\_\_\_

Mother/ Guardian Information	Father/ Guardian Information
Name:	Name:
Home phone (if different from above):	Home phone (if different from above):
Address (if different from above):	Address (if different from above):
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
E-mail:	E-mail:
Employer/Company Name & Address:	Employer/Company Name & Address:

### Emergency Contact Info if Guardian cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## A.S.K. Charitable, Inc. Medical Information

Child's Name \_\_\_\_\_ School \_\_\_\_\_

Primary Care Provider/Pediatrician	Dentist
Name:	Name:
Address:	Address:
Phone:	Phone:

In case of a medical or other emergency situation while your child is under our care, you understand that A.S.K. Charitable, Inc. staff will attempt to contact you immediately; however, in the event that you cannot be reached or when a delay could further jeopardize your child's health, you hereby authorize ASK Charitable, Inc. to act on your behalf and to take the emergency measures indicated below if deemed necessary by A.S.K. Charitable, Inc. staff or by medical authorities for the care and protection of your child.

- Consult a physician or dentist named above if you cannot be reached.
- Administer first aid and or cardiopulmonary resuscitation (CPR)
- Transport your child via ambulance or other emergency medical service to a local hospital or their urgent care facility if deemed necessary, by paramedic, police or their emergency personnel.

**Please circle your hospital of choice:**

Northern Colorado Medical Center  
1801 16<sup>th</sup> St. Greeley, CO. 80634  
(970) 352-4121

Poudre Valley Hospital  
1024 S. Lemay Ave. Ft. Collins, CO.  
80524 (970) 495-7000

Mckee Medical Center  
2000 Boise St. Loveland, CO.  
80538 (970) 669-4640

Medical Center of the Rockies  
2500 Rocky Mtn. Ave., Loveland, CO.  
80538 (970) 624-2500

- Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
- If there is an emergency we will call Poison Control Center in case of accidental ingestion of a poisonous substance.

Additional Instructions if any: \_\_\_\_\_

- As a condition of enrollment, you must authorize A.S.K. Charitable, Inc. to secure any and all necessary emergency medical treatment for your child in the event that you cannot be reached. If your wish is to request a religious or personal exemption, state-licensing authorities must be consulted to determine if such an exemption may be granted.
- In addition, parents must complete any state-specific medical authorization forms required by individual state licensing regulations.
- You authorize A.S.K. Charitable, Inc. staff to apply sunscreen and or bug spray (SPF 15 or higher), that you provide (with child's name on it) or we provide. The teachers will only apply sunscreen to exposed areas when the child is to go outside.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

## A.S.K. Charitable, Inc.

School Name \_\_\_\_\_

### Release and Indemnification (Permission Slip)

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless A.S.K. Charitable, Inc.

(Your School Name Here \_\_\_\_\_ please fill in), its affiliates, officers, directors, volunteers, employees, all sponsoring businesses, organizations, their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my child's participation in all events and related activities including but not limited to field trips, transportation of field trips – whether it results from accidental negligence of any of the above or from any other cause. Furthermore, I authorize the use, copyright, or publication of my child's name, image or voice as may be captured by photograph or recording while participating in this event and related activities in any medium for any purpose, including illustration, promotion or advertisement.

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understand and agree to the terms of this Agreement.

I am the legal guardian of the participant, and I hereby consent to his/her participation. I have read and explained the foregoing release and indemnification agreement to my child, and hereby agree to its terms on behalf of the Participant and myself.

By signing this sheet you are also confirming that you have read the Policies and Procedures for the A.S.K. Charitable, Inc. organization. You also understand A.S.K. Charitable, Inc. is a non-profit organization formed to provide group tutoring and specialty event classes for all children.

\_\_\_\_\_  
Parent or Guardian Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

## A.S.K. Charitable, Inc. Child Health Evaluation Form

School Name \_\_\_\_\_

Child Name \_\_\_\_\_

General Health Appraisal for Enrollment in A.S.K. Charitable, Inc.

**Please include a copy of your child's Immunization Records.**

Describe your child's health history & medical information pertinent to routine childcare and emergencies:
<input type="checkbox"/> None
Description:
Special diet:
Allergies:
<ul style="list-style-type: none"> <li>• Type of reaction: _____</li> </ul>
Current Medications:

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization, or concerns with development?
<input type="checkbox"/> None
Description & Comments to child care providers :

Date of most recent examination of child within the last 12 months: \_\_\_\_\_

**Weight** \_\_\_\_\_ **Height** \_\_\_\_\_

**Vision** \_\_\_\_\_ **Hearing** \_\_\_\_\_ **Dental Screening** \_\_\_\_\_

\_\_\_\_\_  
(Parent / Guardian Signature)

\_\_\_\_\_  
Date

# A.S.K. Charitable, Inc. Authorized To Pick-Up Chart

School Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Please list the names and phone numbers of the individuals you authorize to pick up your child from A.S.K. Charitable, Inc. Individuals listed below must have a current, valid form of identification.

Name	Phone Number

- Unless otherwise noted, we will use the above listed names to call in case of an emergency.
- By authorizing this sheet, you are giving the A.S.K. Charitable, Inc. staff and/or associates permission to let any of the above names listed pick your child up from the program.

-----  
 Please initial here \_\_\_\_\_ ONLY if you are authorizing your child to sign themselves out of the facility.  
 -----

Parent (Guardian) Signatures:

\_\_\_\_\_  
 Mother/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
 Father/Guardian

Date: \_\_\_\_\_