

KidSpace After School Program - Application Form

Parent/Guardian Information:

First Name _____ Last Name _____
Address _____
City _____ State _____ Zipcode _____
Phone Number _____ Phone Number _____
Email _____

First Name _____ Last Name _____
Address _____
City _____ State _____ Zipcode _____
Phone Number _____ Phone Number _____
Email _____

Child(ren) Information:

First Name _____ Last Name _____
DOB _____ Age _____ Grade _____ School _____
First Name _____ Last Name _____
DOB _____ Age _____ Grade _____ School _____
First Name _____ Last Name _____
DOB _____ Age _____ Grade _____ School _____
First Name _____ Last Name _____
DOB _____ Age _____ Grade _____ School _____

Emergency Contact:

Name _____ Phone _____
Relationship to child: _____
Name _____ Phone _____
Relationship to child: _____

Please list other approved adults for pick-up:

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

****Only names listed on this form can pick up children. ID is required for pickup.****

****Application fee of \$25.00 required. This will cover first week of enrollment****

Enrollment Cost Requirements and Acceptance

(Parent Please Initial)

KidSpace ASP operates every Monday through Friday from 3:00PM to 6:00PM. This program accepts students ages from preschool to 5th grade.

_____ Enrollment cost is \$25.00 per week. Payment schedule will be due biweekly.

_____ Full payment is required even if the child will not be present for all of the operating days of the ASP.

_____ For every 5 minutes that an approved Pick-up is late, \$1.00 will be added to the next enrollment payment.

_____ Enrollment is not a contract and removal can occur but a TWO week notice is to be given ahead of removal. Full billing for final two weeks will still occur.

Student Behavior Policies and Acceptance

_____ I have read and agree to holding my student responsible to the behavior policy handbook found on the website. If my student disregards these policies they may be dismissed from the ASP at anytime.

Transportation Policies and Acceptance

Students will be picked up by VBFA transportation and will be under direct adult supervision until a listed and approved guardian picks them up.

_____ I have read and agree to the VBFA ASP transportation policies found on the website.

VBFA Statement of Faith and Acceptance of Teaching

Van Buren First Assembly is a church associated with the Assemblies of God Fellowship. It adheres to the following 16 Fundamental Truths as listed by the fellowship. Full descriptions and Scriptural references available on website.

_____ I understand that part of the activities provided by the ASP will be a time of teaching from the Bible as it pertains to the above statement of faith. All materials and activities will adhere the aforementioned statements of faith.

VBFA ASP Media Release Policy and Acceptance

_____ Yes, I hereby give consent to my child being filmed, interviewed, photographed, or have audio or video recordings made of my child by the staff of VBFA ASP. I understand that the text or image(s) may appear in electronic form on the internet or in other publications. I agree that I will not hold VBFA ASP responsible for any harm that may arise from unauthorized reproduction.

_____ No, I do not give consent to VBFA for my child to be photographed or recorded.

Medical Authorization and Insurance Information

Insurance Provider _____

Group/ID Number _____

Insurance Phone Number _____

Pediatrician's Name _____

Pediatrician's Address _____

Pediatrician's Phone _____

The medication will only be administered if it has been prescribed by a qualified medical practitioner and is in its original container and there is signed permission form with directions.

I, _____, authorize VBFA ASP to administer _____ (medication)

to my child, _____ with the following instructions:

Dosage: _____

Time(s) & Date that medication is applicable:

Special Instructions (ie: on full/empty stomach, etc.) _____

Possible Side Effects: _____

Please list any allergies for any child so we can be aware of them:

Name _____ Allergy _____

Name _____ Allergy _____

Name _____ Allergy _____

Name _____ Allergy _____

Parent Signature

Date

Release Form

First Assembly of God Church, Van Buren, Arkansas (VBFA) is the host site for the KidSpace After School Program (ASP).

We promise to provide an exciting experience your student will enjoy. Your student will be cared for in a secure environment with properly background checked leadership who will spend time with them covering schoolwork needs, games, crafts, activities, a daily devotion time, and a daily snack.

In consideration of you allowing your child(ren)'s participation in the ASP, you hereby accept all risk to your child(ren)'s health and of injury or death that may result from such participation and hereby release VBFA ASP, its governing board, officers, employees and volunteers from any and all liability to you, your participating child(ren), your personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to your property and for any and all illnesses or injury to your child(ren), including death, that may result from or occur during their participation in the ASP, whether caused by negligence of VBFA ASP, its governing body, officers, employees and volunteers, or otherwise.

You further agree to indemnify and hold harmless VBFA ASP, its governing board, officers, employees and volunteers from liability for the injury or death of any person(s) and damage to property that may result from the negligent or intentional act or omission by me or my child(ren) while participating in the ASP.

By signing below, you are releasing permission to VBFA ASP transportation services, authorizing medication and insurance rights and agreeing to the participation of activities mentioned above as consideration for the release of all liabilities listed above; and that you are a legal adult representative of the child(ren) listed above.

Legal Representative (must be over 18)
Signature

Church Representative
Signature

Date

Legal Representative (must be over 18)
Print Name

Church Representative
Print Name

Date

