

Registration Form

MAIL COMPLETED FORM AND CHECK(S) DIRECTLY TO:

KIDZTYME – 16624 Santa Mariana Court, San Diego, CA 92127

School Name

Student's Name Grade Teacher

Parent's Name Preferred Phone Alternate Phone

Mailing Address (**REQUIRED**) ZIP

(Confirmation and cancellation notices will be mailed to the above address.)

Email Address

(We never share any of your information! This contact information will be used only to communicate with you about your student's registration/ attendance.)

My child will be picked up after class by (name of responsible adult)

My child will attend after-school day care at the school.

Class #:	<input type="text"/>	Class Name	<input type="text"/>	Check #	<input type="text"/>	\$	<input type="text"/>
Class #:	<input type="text"/>	Class Name	<input type="text"/>	Check #	<input type="text"/>	\$	<input type="text"/>
Class #:	<input type="text"/>	Class Name	<input type="text"/>	Check #	<input type="text"/>	\$	<input type="text"/>
Class #:	<input type="text"/>	Class Name	<input type="text"/>	Check #	<input type="text"/>	\$	<input type="text"/>

Please complete a separate form for each student *and* write a separate check for each class.

Please write your child's name on each check.

Checks will be deposited when the program begins.

If a class is cancelled and a refund payment is necessary because you did not write separate checks, you will be charged \$10 for refund processing.

Checks are payable to: KIDZTYME

By signing below, I indicate that I have read and agree to the following: The school district, Mote, KIDZTYME, and its subcontractors do not maintain health insurance for injuries to the participants that may arise out of involvement in this program. By virtue of participation, my child may risk bodily injury and/or other loss including damage to property. I knowingly and freely assume all such risk for my child. I release and hold harmless and will not hold legally responsible the school district, Mote or KIDZTYME (or their officers, agents, contractors, subcontractors, or employees) with respect to any and all such injury and/or loss except that injury or loss which results from negligence or willful misconduct from one of the individuals or organizations. I agree to inform my child that he/she must follow all safety rules, as well as any others given during his/her participation in the After School Enrichment Program.

Parent's signature _____

Date _____