



## Winner's Club OST Program Enrollment Form



Welcome to the Winner's Club OST Program! We are excited to be working with you and your child (ren) to provide a safe, educational and fun environment during the after-school hours.

Please fill out the following information to help us best serve you and your children. **It is the responsibility of the Parent/Guardian to contact the Director if, for any reason, the information on this enrollment form changes. IT IS VERY IMPORTANT TO KEEP THIS INFORMATION UP TO DATE!**

Today's Date: \_\_\_\_\_

**Name of Child (ren) Attending**

**M/F**

**Age**

**DOB**

**Grade**

**Teacher**

\_\_\_\_\_

\_\_\_\_\_

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**Mother/Guardian Name** \_\_\_\_\_

Address: \_\_\_\_\_ Workplace: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_

Address: \_\_\_\_\_ Workplace: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contacts (if parent/guardian cannot be reached):

(1) **Name** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Home**  
**Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

(2) **Name** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

### CHILD RELEASE

Please list below the individuals who have permission to pick up your child (ren) from the Winner's Club OST Program. Your child (ren) will only be released to those listed below. Contact Director ASAP with any changes.

**Name**

**Work Phone**

**Cell Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

## HEALTH INFORMATION

My child (ren)'s immunization records are on file with the school. Yes \_\_\_\_\_ No \_\_\_\_\_

Clinic: \_\_\_\_\_

\*I give my permission to the Winner's Club OST Program to provide and/or seek emergency medical treatment for my child. Yes \_\_\_\_\_. No \_\_\_\_\_

My child (ren) is allergic to the following medications \_\_\_\_\_.

My child (ren) has the following medical conditions (ex: Allergies, epilepsy, diabetes, asthma, physical limitations, etc.) \_\_\_\_\_.

\_\_\_\_\_

## HOMEWORK

We believe homework is a family decision. Parents should be able to choose if their child (ren) are to work on homework at the Winner's Club OST Program. Please indicate your family's preference below.

\_\_\_\_\_ My child may choose to do homework at the Winner's Club OST Program.

\_\_\_\_\_ My child must complete his/her homework at the Winner's Club OST Program.

\_\_\_\_\_ My child should not do homework while at the Winner's Club OST Program.

\_\_\_\_\_ My child may receive extra help/practice at the Winner's Club OST Program. (If there is an area your child is struggling with in the classroom, he or she may receive extra help at the program, and you give your child's teacher permission to share this information with the OST Director).

\_\_\_\_\_

## BILLING INFORMATION:

\_\_\_\_\_ The OST bill will be sent via text notification each month.

Cell phone number: \_\_\_\_\_

I attest that the information listed on the enrollment form is as accurate and complete as possible, and I will update information if needed. I also attest that I have read and understand the parent's handbook.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FORM

Parent/Guardian, please initial your choices for the following consents.

\_\_\_\_\_

### Child Walk Home Release

\_\_\_\_\_ **Yes**, I give permission for my child (ren) to walk home from the Winner's Club OST Program.

\_\_\_\_\_ **No, I do not** give permission for my child (ren) to walk home from Winner's Club OST.

\_\_\_\_\_

### Photo Release

\_\_\_\_\_ **Yes**, I give permission for my child (ren) to be photographed by the Winner's Club OST Program, including the use of pictures for education and/or promotional purposes.

\_\_\_\_\_ **No, I do not** give permission for my child (ren) to be photographed by the Winner's Club OST Program for any reason.

\_\_\_\_\_

### Jump House

\_\_\_\_\_ **Yes**, I give permission for my child (ren) to participate and jump in the Blast Zone Superstar Jump House and will not hold liable the Winner's Club OST Program, Staff and/or board members nor the Winner School Dist. 59-2. I understand that my child (ren) jumps/plays at his or her own risk.

\_\_\_\_\_ **No, I do not** give permission for my child (ren) to participate and jump in the Blast Zone Superstar Jump House.

### Internet Permission

\_\_\_\_\_ **Yes**, I give permission for my child (ren) to use the Winner School Dist. 59-2 computers including internet access. (Staff approved websites).

\_\_\_\_\_ **No, I do not** give permission for my child (ren) to use the Winner School Dist. 59-2 computers including internet access.

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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