

Cory Enrichment Programs ~ Registration Packet

**FAMILY INFORMATION (One Per Family)**

	Child 1	Child 2	Child 3	Child 4
First Name/Last Name:				
Age/DOB:				
Any Allergies or medical alerts?				
Other Special Requirements?				
School/Teacher: (if ECE state AM/PM)				
May your child sign out to walk home?				
Provide details of Before or After School day care (if applicable):				

Guardian 1 Name:			
Address:			
Home #		Work #:	
Cell #:		Other #:	
Email address:			

Guardian 2 Name:			
Address:			
Home #		Work #:	
Cell #:		Other #:	
Email address:			

**PICK-UP AUTHORIZATION**

In the event that a parent/legal guardian cannot pick up their child, you must contact the school office to let them know in writing who will pick up your child(ren). The authorized individual must check in with the on-site coordinator and instructor with proper identification.

Provide a phrase or word the authorized individual would give to the instructor in order to pick up your child. This list will be kept on file but is not a substitute for proper notification and identification during pick-up.

Password or Passphrase \_\_\_\_\_

**Medical Information**

Practice: \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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## GENERAL PERMISSION TO PARTICIPATE (One per Family)

Cory Elementary, My Enrichment, and Vendors have taken reasonable steps to provide your child a safe, educational and enjoyable experience. We wish to remind you, however, that no activity is without risk. We do not want to frighten you or reduce your enthusiasm for these activities, but it is important for you to be informed of the possible risks. The following activities listed describe some, but not all, of those hazards and risks:

- **Athletics**—include contact and non-contact sports and fitness activities. Hazards can include potential for serious personal injury caused by an event or condition of the facility and health risks such as light-headedness, fainting, abnormal blood pressure, chest discomfort, muscle cramps or soreness and nausea.
- **Outdoor Experience**—Hazards can include the exposure to the elements, allergies, and insect bites.

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_

### ACKNOWLEDGEMENT OF RISK

I agree to allow my child(ren) to participate in the activities selected. I am aware of the hazards and risks possible in these kinds of activities and agree to hold Cory Elementary, My Enrichment, and vendors harmless from any liability resulting from injury sustained to my child while participating in these activities. In the case of illness or accident, I grant permission for emergency treatment to be administered. I will assume full responsibility for any such actions, including payment of costs. I certify that, to the best of my knowledge, my child(ren) is/are in good health.

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

### FAMILY INFORMATION

My Enrichment provides schools and vendor(s) with family information including address, phone numbers, email addresses, pick-up authorization and medical information in order to ensure your child(ren) is/are safe. It is also used to notify you of any changes in scheduling. I hereby give permission for my family information to be provided to appropriate vendors and schools.

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

### SAFE/APPROPRIATE BEHAVIOR

I give permission for my child(ren) to participate in selected enrichment camps. I agree to promptly pick-up my child(ren) at designated times. I understand that safe/appropriate behavior is required to participate in the programs. I agree that if my child(ren) does/do not uphold these standards, he/she will be removed from class and no refund will be given.

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

### PHOTO RELEASE

During enrichment programs, your child(ren) will be participating in many educational experiences. My Enrichment, Cory, and vendors may take pictures and/or videos of these activities for their publications. I hereby give full consent to The Cory Elementary, My Enrichment, and vendor(s) to copyright or publish any photographs or videos taken by them in which my child(ren) may appear. I also agree that they may use these photographs or videos for any public display and/or publications.

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

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## REFUNDS/CANCELLATION POLICY

In order to ensure your child(ren) has a spot in any program, full payment must be made at the time of registration. If you must cancel or change your registration before the registration deadline date, a 95% refund less material costs will be given. All changes must be made one week prior to the start of program. My Enrichment is unable to offer refunds for absences or withdrawal from a program after the registration deadline. An additional \$10 will be charged for any registration accepted after the registration deadline. If a program is cancelled because the vendor cannot conduct the camp, full refunds will be given. I understand and agree on the above refunds/cancellation policy.

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

## Payment

**Credit Card:** My Enrichment accepts MasterCard and Visa. Put registration packet with payment and mail to My Enrichment, LLC ~ 9866 E. 27<sup>th</sup> Drive, Denver, CO 80238.

**Credit Card Number:** \_\_\_\_\_

**3 Digit Security Code:** \_\_\_\_\_

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

**Name as it appears on Credit Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Check:** Make checks payable to My Enrichment, LLC and mail to My Enrichment, LLC ~ 9866 E. 27<sup>th</sup> Drive, Denver, CO 80238.

**Signature on Check:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_



