



2017 - 18 STEINSHEART AFTER SCHOOL PROGRAM

(Please Complete Both Pages)

Date Filled _____

Child's Name: _____ Gender: ___ M or ___ F Birth Date: ___/___/___ Age: _____ 2017-2018 Grade: __

2017-2018 School (Attending): _____ Child is allergic to: _____

Does your child require assistance or special accommodations to participate in chosen activities? ___ Yes or ___ No
Specify special needs: _____

Child's Name: _____ Gender: ___ M or ___ F Birth Date: ___/___/___ Age: _____ 2017-2018 Grade: __

2017-2018 School (Attending): _____ Child is allergic to: _____

Does your child require assistance or special accommodations to participate in chosen activities? ___ Yes or ___ No
Specify special needs: _____

Child's Name: _____ Gender: ___ M or ___ F Birth Date: ___/___/___ Age: _____ 2017-2018 Grade: __

2017-2018 School (Attending): _____ Child is allergic to: _____

Does your child require assistance or special accommodations to participate in chosen activities? ___ Yes or ___ No
Specify special needs: _____

___ RESIDENT of Miramar, FL or ___ NON-RESIDENT of Miramar, FL

WHO IS THE EASIEST PERSON TO GET A HOLD OF, IF AN EMERGENCY OCCURS OR INFORMATION IS NEEDED?

___ PRIMARY GUARDIAN or ___ SECONDARY GUARDIAN

*****Please indicate the phone number that is best to reach EACH GUARDIAN.*****

Primary Guardian

Last Name _____ First Name _____ Relationship to participant _____
Cell Phone# _____ Email _____
Home Phone# _____ Work Phone # _____ Ext. _____
Address _____ Apt _____ City _____ State _____ Zip _____

Secondary Guardian

Last Name _____ First Name _____ Relationship to participant _____
Cell Phone# _____ Email _____
Home Phone# _____ Work Phone # _____ Ext. _____
Address _____ Apt _____ City _____ State _____ Zip _____

Transportation Waiver

THE UNDERSIGNED, as parent/guardian of _____, hereby gives permission for my child to ride as a passenger on STEINSHEART vehicle for transportation for recreational activities and programs. In consideration for this transportation, the undersigned releases, covenants not to sue and forever discharges STEINSHEART and VIZCAYA PARK MIRAMAR, its directors, officer, employees, agents, representatives, and successors and assigns (all of whom constitute the released parties) of all liabilities, claims, actions, damages, costs, or expenses which the undersigned and/or the child may have against the released parties arising out of or in any way connected with said transportation, including injury or damage to person or property, whether caused by the negligence of STEINSHEART and VIZCAYA PARK MIRAMAR or otherwise.

Parent/Guardian Signature: _____

Relationship: _____ Date _____

The following people including the guardians listed above are authorized to pick up my child with a PHOTO ID:

Name	Phone Number
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

I understand that my child will only be released to the people listed above if they are able to present a PHOTO ID upon pick-up.

Guardians Signature _____ Date _____

Discipline & Sickness

I understand that my child must be picked up immediately if he/she is abusive to other children or disrespectful to our staff. I understand if bad behavior continues, my child will be expelled, and funds NOT refunded from the program.

Signature: _____

I understand that if my child comes down any illness and needs to be picked up that I, or a guardian, will pick him or her up within an hour's time.

Signature: _____

PHOTO RELEASE: STEINSHEART & VIZCAYA PARK MIRAMAR

I allow any pictures of my child taken by SteinsHeart to be released for any publication, calendars and social media.

Signature: _____

Late Fees/Refunds

I understand that if I pick up my child after 6:00pm I will be assessed a late fee of \$1.00 per minute or enroll in aftercare for an additional charge of \$50.00/week.

NO refunds are partial payments will be made at any time.

Signature: _____

