Spark Charter School Extended Care Application 2015-16

Student 1 Name	Grade	Teacher	DOB	Gender	Allergies/Med. Conditions
Student 2 Name	Grade	Teacher	DOB	Gender	Allergies/Med. Conditions
Student 3 Name	Grade	Teacher	DOB	Gender	Allergies/Med. Conditions

Student Home Address	
Medical Insurance Plan	Dental Insurance Plan
Doctor Name	Dentist Name
Doctor Address	Dentist Address
Doctor Phone	Dentist Phone

Parent/Guardian 1:	Relationship:	Email:
Home Ph #	Cell #	Work Ph #
Address if different:		

Parent/Guardian 2:	Relationship:	Email:
Home Ph #	Cell #	Work Ph #
Address if different:		

Authorized to pick up student (other than parents—**MUST SHOW ID**):	Relationship:	Home Ph #
Email:	Cell #	Work Ph #

Authorized to pick up student (other than parents—**MUST SHOW ID**):	Relationship:	Home Ph #
Email:	Cell #	Work Ph #

Schedule: check all that apply

☐ Before School only ☐ After School only ☐ Before and After School

Days of the week: ☐ M ☐T ☐W ☐Th ☐F

Application Fee: $50 (one time per family)

__ I would like to be considered for Financial Aid

The undersigned, in consideration of the class and activities, agrees to indemnify and hold harmless and release Spark Charter School and its employees of any and all liability for any injury which may be suffered by the student registered at Spark Charter School Extended Care Program, arising out of any or in any way connected with the participation in the class and activities, except those arising out of the sole willful act or sole negligent act of SPARK Charter School or its employees. I have read the above agreement, and fully understand that I assume all risks for any injury received. I give permission to SPARK Charter School for any necessary medical care to be given to my child in case of an emergency/accident. I agree to assume full responsibility for the costs of any treatment provided. (initial)_____

Signature_____Date _____

Print Name_____