



@Lakeview Baptist Church  
2599 N Swinton Ave, Delray Beach FL 33444

## Kind Kids Yoga Class Registration

Referred by: \_\_\_\_\_

### CHILD INFORMATION

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent/ Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Name of Parent/ Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ cell phone \_\_\_\_\_

Email address \_\_\_\_\_

### Enrollment Information: I am enrolling my child for the following program:

- Tuesday Series 9:00 - 9:30, ages 0-2, September 28-November 2
- Tuesday Series, 10:00 - 10:45, ages 3-6, September 28-November 2
- Tuesday Series 9:00 - 9:30, ages 0-2, November 9-21  
(break for Thanksgiving)
- Tuesday Series, 10:00 - 10:45, ages 3-6, November 9-21  
(break for Thanksgiving)
- Drop-in class, ages 0-2 (call ahead to confirm space)
- Drop-in class, ages 3-6 (call ahead to confirm space)

#### Fees:

- Single 6-week session: \$72
- Multiple session/children:\$60 each
- Referral discount: \$60
- Drop-in class:\$18

### Photo Release

As parent or guardian of this student, I hereby give permission for my child, \_\_\_\_\_ to be photographed while attending classes at The P.L.A.Y. School, for publicity, promotion, and educational purposes. I understand that these photographs may be posted in the preschool halls or classrooms, as well as in PLAY School or Kind Kids Yoga publications including yearbooks, newsletters, internet, and other media outlets. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

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

## **MEDICAL INFORMATION**

Please list allergies, special medical or dietary needs, or other information we should know about your child:

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I have signed and returned The P.L.A.Y. School Medical Release form with my application.

## **EMERGENCY CONTACTS**

The following people will be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached or is unable to transport the child: (only need to list any changes to your current list)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

The P.L.A.Y. School does not discriminate based on disability in the enrollment in or access to our services.

**Your signature below indicates that you have read the above items and that the information on this enrollment form is complete and accurate.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

ADMINISTRATIVE: registration paid \$ \_\_\_\_\_

# THE P.L.A.Y SCHOOL, INC

## MEDICAL PERMISSION AND RELEASE FORM

Name: \_\_\_\_\_ - Date: \_\_\_\_\_

Complete Address \_\_\_\_\_  
street city State Zip

\* The P.L.A.Y School, Inc, and Volunteers Are Designated By the Abbreviated "THE P.L.A.Y. SCHOOL, INC." Throughout This Entire Form.

- I (we) hereby authorize THE P.L.A.Y. SCHOOL, INC. to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached

I (we) hereby authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

- I (we) do hereby authorize any licensed physician or medical treatment center to treat my (our) child in the case of emergency in which the before named physician cannot respond. The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigning shall assume all transportation costs.

- I (we) hereby release, forever discharge and agree to hold harmless THE P.L.A.Y. SCHOOL, INC. and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with THE P.L.A.Y. SCHOOL, INC..

- Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further authorization and permission is hereby given to THE P.L.A.Y. SCHOOL, INC. to furnish any necessary transportation, food, and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify THE P.L.A.Y. SCHOOL, INC. , its directors, employees, and agents for any liability sustained by THE P.L.A.Y. SCHOOL, INC. as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. The medical consent and liability waiver provisions hereof shall remain in full force and be in effect now or until written notice of revocation or withdrawal is received by THE P.L.A.Y. SCHOOL, INC. at its office at 101 N. Seacrest Blvd. Boynton beach, FL 33435.

It is the responsibility of the parent or guardian to notify THE P.L.A.Y. SCHOOL, INC. of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

\_\_\_\_\_ / \_\_\_\_\_

Mother /Father or Legal Guardian

Date \_\_\_\_\_