



Wings Center Registration & Liability Release
Imagination Station Preschool
Fall & Winter 2010/2011

| | |
|------------------------|-------|
| OFFICE USE ONLY | |
| Immunizations Received | _____ |
| Registration Fee Paid | _____ |
| T-Shirt Received | _____ |
| Entered in Database | _____ |
| Copy to Director | _____ |

How did you find out about us? Web Search__ Friend/Family Member__ Treasure Valley Family Ad__ Kids Directory Ad__
 Newspaper Ad__ Phone Book__ Child Care__ Television__ Radio__ Mail Piece__ Other:_____

Please mark program and circle the days your child will be attending.

- ___ **Pre-Kinder Summer Camp** M T W Th F (2-day minimum)
- ___ **Preschool Morning Session** (9:00am to 11:30am)
- ___ **Preschool Afternoon Session** (12:30pm to 3:00pm – no Fridays)
- ___ **Which Preschool Days?** M T W Th F (2-day minimum)

PLEASE INITIAL

- Immunization Required at Registration _____
- Food, Snacks, & Drinks Provided by Parents _____
- Supplies Fee Required (does not apply to summer) _____
- Deposit is Non-Refundable (\$100) _____
- Two-Week Drop Notice Required _____
- Wings T-Shirt Required for Field Trips (\$10.50) _____
- Pre-Kinder Summer Camp is for Children _____
- Entering Kindergarten in Fall 2009 _____

Today's Date: _____ Child's Start Date: _____

Mother's First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: _____ Cell #: _____ Work #: _____

Employer: _____ Mother's E-mail: _____

Father's First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: _____ Cell #: _____ Work #: _____

Employer: _____ Father's E-mail: _____

Family Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact (other than parent): _____ Phone: _____

Health Insurance Carrier: _____ Subscriber #: _____

Choice of Hospital: _____ Primary Care Physician: _____

Dentist: _____

What medications is your child taking? _____

Any allergies or medical information we should know about? A SEPARATE FORM MUST BE FILLED OUT WITH A CLUB KID STAFF MEMBER

1st Student's Full Name: _____ Male/Female Birthdate: ___/___/___

2nd Student's Full Name: _____ Male/Female Birthdate: ___/___/___

3rd Student's Full Name: _____ Male/Female Birthdate: ___/___/___

Names of those authorized to pick up child/children (I.D. will be required):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

LIABILITY RELEASE FORM ON BACK

Liability Release Form Please read carefully and sign as indicated

In consideration of allowing the previously-declared participant(s) to begin participation in Wings Center activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Wings, Inc., and Idaho Corporation, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Wings Center is conducted, or any premises under the control and supervision of Wings, Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Wings, Inc., its owners, officers, agents, or employees.

Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Medical Release

The undersigned gives permission for the Wings, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Marketing Release

Occasionally the Wings Center uses photos or video of its students in print ads, on its website, or in other marketing mediums. I understand that my child's likeness may be used in such advertising. These images will be used for Wings Center purposes only, and will not be given or sold to outside companies or individuals.

Transportation Release

I give permission for my child to be transported either by Wings Center transportation or by other commercial or public transportation for field trips or school.

Payment Information

No spot is guaranteed until payment has been received. If payment or payment arrangements have not been received by the 10th of the month, a \$17.50 late fee will be applied and we will be unable to provide pick up or care for your child. If, however you need to make different payment arrangements please come to the business office and we'll be happy to work something out. There is a \$20 returned check charge for any checks returned by the bank. ICCP payments are made to us by the state a month behind, your portion is still due by the 10th of the current month. We do not credit for individual days missed, because you are already receiving a discounted rate for paying for the entire month rather than the daily rate. I understand that if my check is returned by the bank, or I am late with payments, that Wings Center will require automatic credit or debit card payments from that point forward.

No refunds will be given. A letter of credit will be issued for any credit amount on your account.

***A two-week written notice to the Wings Center Business Office is required to discontinue a program, otherwise I will be charged for any unattended classes.**

NO DROP-IN SERVICE AVAILABLE. NO CHILD WILL BE ACCEPTED WITHOUT PRIOR REGISTRATION AND AUTHORIZATION. REGISTRATION WILL ONLY BE ACCEPTED AT THE FRONT OFFICE AND IS BASED ON AVAILABILITY. IF YOU BRING YOUR CHILD ON A DAY THAT YOU ARE NOT PRE-REGISTERED FOR, THEY CANNOT BE ACCEPTED.

By signing below I am acknowledging that I have read and understand the above information.

Parent/Guardian Signature _____ **Date** _____

Participant Signature (if over 18 years of age) _____ **Date** _____

Credit or Debit Card Charge Authorization Agreement (Monthly Auto-Pay)

I hereby authorize Wings, Inc., dba Wings Center, to charge my credit or debit card for all services and products related to my family's enrollment in classes and activities at the Wings Center, including but not limited to tuition, memberships, special events, accessories, etc. (Note: Fees are subject to change). I understand that my credit or debit card will continue to be charged on a monthly, session or periodic basis unless I notify the front office at the Wings Center. I understand that it will not be sufficient notice to merely tell an instructor or supervisor of our intent to discontinue. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service, including a two (2) week written notice to Wings Center of any intent to discontinue. I agree to notify Wings, Inc. immediately of any change in the status of my charge account including but not limited to card expiration, name change, limitation of use, loss or theft of the card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late charges incurred.

Credit or Debit Card Type: VISA MC DISCOVER AMEX

Card #: _____ Exp. ___/____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ **Date** _____