

# Purpose Driven After-School Enrichment

2019-2020 School Year

## REGISTRATION FORM

### PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ DOB: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

School: \_\_\_\_\_

Siblings attending: \_\_\_\_\_

Grade attending for year 2019-2020: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

 Please list ADA Accommodations needed: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

Are there is any custody issues that the PDA Enrichment should be aware of? \_\_\_\_ Yes \_\_\_\_ No  
If yes please explain: \_\_\_\_\_

My child will \_\_\_\_\_ ride bus home or \_\_\_\_\_ pick up by parent/authorized person

*I certify that the information provided on this form is true and actual. I understand that the information that I have provided is subject to review by school and after school enrichment.*

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**\*Supper Meal:** A supper meal will be provided by our afterschool enrichment program that is align with TDA Texas Department of Agriculture.

**Tuition:** Free

**Contact Information**

For more information, contact Chris Nettles 817-791-6676, Kathy Rockwell 817-657-8182

Office: 817-535-8000

Emails: [purposedrivenministries@ymail.com](mailto:purposedrivenministries@ymail.com)

**Purpose Driven Afterschool Enrichment TIMES**

Transition from school to afterschool:

- 3:15PM to 3:30
- 3:30pm Afterschool In Session

Pick up time:

- 5:30pm
- A \$1 fee will be charged for every minute late after a 5 minute courtesy wait.

**REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy number \_\_\_\_\_

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Who is financially responsible for the student? \_\_\_\_\_

I hereby give permission to **Purpose Driven Afterschool Enrichment.**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

## PARENT STATEMENT

I hereby state that (after schooler name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **PDA Enrichment.**, including but not limited to all aspects of cheerleading, tumbling, and dance training, baseball, basketball, soccer and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **PDA Enrichment., its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **PDA Enrichment., and Everman ISD.,** including any event sponsored or sanctioned by **PDA Enrichment.,** and or travel to and from such activities.

I understand that **PDA Enrichment.,** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of after school programs, etc.) or becomes involved in any activity or with any persons not associated with **PDA Enrichment.,** or its scheduled program and that **PDA Enrichment.,** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

I understand that all participants, including those authorized to pick-up students, are expected to be respectful to all staff and other participants. I understand the person I authorized to pick-up my child must be at least eighteen year old.

I, the undersigned, in consideration of participation in the program listed above, agree to indemnify and hold the Purpose Driven After-school Enrichment and Everman ISD, and release its employees and agent from any and all liability for any injury or loss which may be suffered by the below named individual(s) arising out of or in any way connected with participation in the above program.

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**Student Name:**

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**Parent/Guardian Printed Name:**

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**Parent/Guardian Signature:**

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**Date:**

**\*\*Thank you for your participation in our Purpose Driven After-School Enrichment. It is our goal to enrich you child with life skills, enhance their learning ability, and feed them nutritious meals; with a PURPOSE. \*\*\***