

NIÑO DE LA CARIDAD FOUNDATION

REGISTRATION FORM

(Please Print)

Today's date:				Time:			
REGISTRANT INFORMATION							
Registrant's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one)	
Parents Name/Legal Guardian:						Single / Mar / Div. / Sep / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former name):		Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Apt.		Home phone no.: ()		
P.O. box:		City:		State:	ZIP Code:		
Email (required):		Have you taken this course before?			If (YES) when? :		
Referred to COURSE by (please check one box):				<input type="checkbox"/> Dr.	<input type="checkbox"/> Employer	<input type="checkbox"/> Hospital	
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other			
CHILD MEDICAL HISTORY							
Does your child have any know allergies?		<input type="checkbox"/> Yes (Please explain)		<input type="checkbox"/> No			

Has your child ever been diagnosed with Attention Deficit Disorder?		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Is your child currently taking medication(s)?		<input type="checkbox"/> Yes (Please explain)		<input type="checkbox"/> No			

GENERAL INFORMATION ABOUT SCHOOL							
Best subject(s) in school:		_____					
Worst subject(s) in school		_____					
Difficulty completing timed tests?		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Speech or language problem?		<input type="checkbox"/> Yes (Please explain)		<input type="checkbox"/> No			

Ever failed or repeated a grade?		<input type="checkbox"/> Yes (Please explain)		<input type="checkbox"/> No			

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Please circle all that apply

Adjusts to changes in routine: Very Well Average Poorly

Attention Span: Excellent Average Short

Written Work: Neat/Organized Average Messy/disorganized

Follows Directions: Easily Some Problems Difficulty

Vocabulary: Good Verbal Expression Some difficulty Much Difficulty

With Respect to School: Little Motivation Average Motivation Highly Motivated

IN CASE OF EMERGENCY			
Name of local friend or relative:	Relationship to registrant:	Home phone no.: () ()	Work phone no.: () ()
<hr style="border: 0; border-top: 1px solid black;"/> <i>Patient/Guardian signature</i>		<hr style="border: 0; border-top: 1px solid black;"/> <i>Date</i>	

STUDENT PICK UP POLICY

Person(s) with whom my child can be released to

	Full Name	Relationship	Phone Number
1.			
2.			
3.			

WALK HOME POLICY

My child may be dismissed by him/herself at the conclusion of each programming day.

X _____ X _____ X _____
 Parent/Guardian Signature Relationship Date

NIÑO DE LA CARIDAD FOUNDATION

Name: _____

Date: _____

Please choose the classes that are available for your choice.

- Music classes
- Pathway to College
- Art Classes
- Beauty Classes
- Cardiopulmonary Resuscitation
(CPR) Classes
- Girl Scout
- Homework partner
- Financial Classes

NIÑO DE LA CARIDAD FOUNDATION

Waiver of Liability

This agreement releases Nino De La Caridad, INC from all liability relating to injuries that may occur during any event the foundation hosts. By signing this agreement, I agree to hold Nino De La Caridad, INC entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also acknowledge the risks involved in any type of activity Nino De La Caridad, INC. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity. By signing below, I forfeit all right to bring a suit against Nino De La Caridad, INC for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

Signature

Date

NIÑO DE LA CARIDAD FOUNDATION

Photo Waiver (for minors)

Nino De La Caridad has my permission to use my or my child's photograph publically to promote the foundation. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Child's Name

Date

Parent's Signature

Photo Waiver for Adults

Nino De La Caridad has my permission to use my or my child's photograph publically to promote the foundation. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature

Date

Policies

1. Picture and Video Policy

- I. Pictures, videos and any other media is to be taken by our marketing team during certain occasions.
- II. No parent is allowed to take pictures while in the foundation.

2. Cell Phone Policy

- I. No phones allowed while program is in session unless instructed by teacher for a certain in class activity.

3. Sign in and Out Policy

- I. Each student is required to sign in and out of Nino de la Caridad Foundation every time the student enters the foundation.
- II. Every single student needs to complete this even if they are in Nino de la Caridad Foundation for one minute no exceptions.

4. Picking Up Student Policy

- I. Every parent/legal guardian needs to fill out the PICK-UP POLICY statement provided in Nino de la Caridad Foundation Registration Form.
- II. No child is to be picked up from Nino de la Caridad Foundation without being in this list and providing proper identification upon arrival.
- III. Nino de la Caridad Foundation is allowed to ask for proper identification if found to be necessary.

5. Walk Home Policy

- I. Every parent/guardian is responsible for completing Nino de la Caridad Foundation WALK HOME POLICY provided in initial registration in order for your child to be allowed to walk home alone.
- II. NO CHILD IS TO BE RELEASED WITH OUT THIS FORM BEING SIGN.

6. After Hours Policy

- I. In case of an emergency parents can call after hours at 917-688-1098.

7. No show policy

- I. After a participant misses 3 or more classes without prior notice, their spot will be terminated and given to the next participant on the waiting list.

8. Late Policy for Nino De La Caridad

- I. As a parent, it is my responsibility to ensure timely pick-up of my child at the conclusion of each program.
- II. For every 15 minutes that I am late after the end of the program, I understand that I will be assessed a \$30 late fee.
- III. Due to safety concerns and Nino De La Caridad staff closing the facility at 7:00 PM, if an approved person, or I do not pick up my child by 7pm, I understand that my child will be taken to the local police department.

By signing below I _____ fully acknowledge all of Niño De La Caridad policies and will comply with all guidelines provided.

Signature: _____

Date: _____