

Tuesdays + Thursdays | July 3<sup>rd</sup> – July 26th

\$10 to register | \$5 a day/child | \$9 a day/family | Scholarships available

Questions? Please call (206) 402-6960, or email [lynn@turningpointseattle.org](mailto:lynn@turningpointseattle.org)

1. First name: \_\_\_\_\_ 2. Last name: \_\_\_\_\_

6. Grade just completed: \_\_\_\_\_ 7. School: \_\_\_\_\_

8. Ethnicity: \_\_\_\_\_

9. ☐ My child qualifies for Free and Reduced Lunch

10. ☐ My child is an immigrant or refugee or new arrival to the U.S.

11. Language(s) spoken at home: \_\_\_\_\_

12. Parent/caregiver name(s): \_\_\_\_\_

13. Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

14. Cell Phone #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

15. ☐ I am interested in applying for a scholarship for my child

## Medical and Emergency

16. Food Restrictions:

17. ☐ My child has a special need, disability, or medical condition

If yes, please describe: \_\_\_\_\_

18. Emergency Contact 1: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact 2: Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

19. Name of person(s) who MAY NOT pick up my child? \_\_\_\_\_

20. Health Insurance Company \_\_\_\_\_

Policy #/Medical Coupon #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Emergency Treatment Release:** In the event that I cannot be contacted, I give my consent for Turning Point staff to administer first aid and call for emergency medical help. I consent for medical procedures to be performed for my child by a licensed physician or hospital if deemed necessary to protect my child's health. Any expenses will be accepted by me.

**Liability:** I hereby hold Turning Point, its agents, officers and employees harmless from, and waive, release and discharge any claim or cause of action I have, or in the future may have, for injury, accident, illness, or death occurring during or by reason of this program, including being not limited to the administration of or the non-administration of said medical treatment, first and/or medication in accordance with the consent and/or information provided above. This release is limited to discharge in advance Turning Point, its agents, officers and employees from any and all liability even though that liability may arise out of negligence or carelessness on the part of the persons Turning Point mentions above.

**I have carefully read this authorization/release and fully understand its contents and voluntarily consent to its terms and conditions.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Bus Transportation Permission / Waiver Release**

21. Release of liability, waiver to claims, assumption of risks and indemnity agreement. By signing this legal document, you will waive certain legal rights, including the right to sue.

**Liability:** I hereby release and forever hold harmless Turning Point, their directors, officers, employees, representatives, and drivers from responsibility for the lost or stolen property or bodily injury resulting from or attributed to the bus transportation.

**I have carefully read this authorization/release and fully understand its contents and voluntarily consent to its terms and conditions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Photo Permission**

22. Do we have permission to photograph or videotape your child:

- For use in art projects or bulletin boards? ☐ Yes ☐ No
- For use in Turning Point brochures, on website or in newsletters? ☐ Yes ☐ No
- I prefer that: ☐ only first names be used ☐ a fictitious name be used ☐ no name be used at all

**Please return form along with \$10 registration fee to Turning Point:**

1315 N 160<sup>th</sup> Street, Shoreline, WA 98133 | [lynn@turningpointseattle.org](mailto:lynn@turningpointseattle.org) | 206.402.6960