



SUMMER APPLICATION

Child's Name: _____

Date of Birth: _____ Age: _____

PARENTAL INFORMATION:

Father's Full Name: _____

Home Address: _____

Place of Employment: _____

Occupation: _____ Branch/Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Mother's Full Name: _____

Home Address: _____

Place of Employment: _____

Occupation: _____ Branch/Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

PICK UP: PERSONS AUTHORIZED TO COLLECT CHILD

In the event of an emergency, in which case either of the parent's cannot be reached, the following persons are authorized to collect my child.

Please place contacts in the order that you would like contact to be made.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

MEDICAL

Does your child have any medical conditions or allergies we should be aware of: Yes No

FIRST AID & EMERGENCY CARE

In the event of an emergency, I authorize the staff of Royal Kidz Academy to provide any first aid procedure/s deemed necessary for my child.

Further,

In the event of an emergency in which I cannot be reached, Royal Kidz Academy hereby receives authorization to have Dr. _____ or _____ hospital attend to my child and to provide any emergency care deemed necessary for my child.

Further,

I also hereby authorize the transfer of my child's health records to the hospital indicated above.

Date: _____

Full Name: _____ Signature: _____

STATEMENT OF UNDERSTANDING

This document is a requirement to the condition of the enrollment of your child into our summer program. The free choice made by each parent for their child/children to become a part of a particular school is one of the keystones to an independent education. Royal Kidz Academy has concluded therefore that as you have chosen our establishment for your child's summer experience, you are aware and are willing to abide by the rules and expectations under which the school operates.

The registration of your child at Royal Kidz Academy Summer Program, further represents a commitment to abide by the disciplinary procedures as they are published within our school handbook found on the school's website.

You hereby understand that:

I understand that fees are non-refundable and non-transferrable between Royal Kidz Academy products, its services nor the various Royal Kidz Academy Campuses. It is understood that my selection of the Caves Village location is a permanent one post payment and cannot be changed before the completion of the year for which it applies.

Credit will not be given for sick days, vacation days, camp uniforms, breakfast fees, lunch fees, nor the withdrawal of your child from the Royal Kidz Academy Summer Program. Summer Fees must be paid for 3 months in advance. Royal Kidz Academy provides a 1 day grace period for summer fees after which a late fee will be applied.

Your signature indicates that you understand your responsibility (whether your child is sick or absent from school) to pay summer tuition for the entire week. Your signature indicates that you will not hold Royal Kidz Academy responsible for any injuries, sickness, or medical expenses incurred during your child's enrollment in our summer program nor during field trips.

Mother's Full Name: _____ **Signature** _____

Father's Full Name: _____ **Signature** _____