

**State of Florida Department of Children and Families
SCHOOL AGE FACILITY APPLICATION FOR ENROLLMENT**

Date of Enrollment: _____ Updated: _____

Student Information:

Full Name: _____ School: _____
 First name Middle Name Last Name

Date of Birth: _____ Sex: ____

2nd Child: _____ School: _____

Date of Birth: _____ Sex: ____

Physical Address: _____ Zip Code: _____

Family Information:

Child Lives With: _____ Custody: Mother ____ Father ____ Both ____ Other ____

Mother's Name: _____ Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Father's Name: _____ Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Emergency Contacts: The following people may be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24):
<http://www.dcf.state.fl.us/programs/childcare/docs/know%20your%20cc%20facility.pdf>
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility: <http://ccrain.fl-dcf.org/documents/7/352.pdf#page=1>

Your signature below indicates that you have received the above items (or have chosen to receive an electronic version via e-mail) and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian _____ Date _____

E-Mail Address: _____

Please PRINT

MARTIAL ARTS PLUS

4024 W. Vine Street

Kissimmee, FL 34741

407-847-6866

ENROLLMENT AGREEMENT

AFTER-SCHOOL

MARTIAL ARTS

SUMMER CAMP

Student's Name(s): _____

Birth Date(s): _____

Parent/Legal Guardian Information:

Name: _____

Address: _____ City/State/Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Please list student's medical conditions or other special conditions that may interfere with physical exercise:

Release and Waiver of Liability

In consideration of services to be received as a student on these premises, the undersigned hereby releases and forever discharges the school, its administrators and its assigns from any and all liability claim for personal injuries, consortium or suffering known or unknown which may be sustained by _____ in connection with and in course of receiving this school training and participating in this school activities which may include tournaments and field trips. The undersigned assumes all the risks inherent and seldom to this type of sports activity and/or daily camp and after-school activities as a condition for applying for admission to this school for the purpose here and above stipulated. Parent(s) or legal guardian(s) of minor participants (age 17 or below) additionally agree that they instruct the minor participant to the above warnings and conditions and their ramifications, and that they consent to the minor's participation. _____

Accepted by:

Martial Arts Plus _____

Parent/Legal Guardian (*if under 18 years of age/Student*): _____

E-MAIL: _____

E-Mail MUST be printed.