



Light Tree Education Registration Form

Student Information

First Name: _____ Middle: _____ Last Name: _____

Birthday (MM/DD/YYYY): _____ Gender (M/F): _____ School: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____

Student Medical Information

Medical Conditions: _____

Current Medications: _____

Allergies: _____

Dietary Restrictions: _____

Parent/Guardian Information

Name: _____ Relationship: _____ Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Home: _____ Cell: _____ Work: _____

Emergency Contact Information

Name: _____ Relationship: _____ Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Home: _____ Cell: _____ Work: _____

Student Transportation Information

My child will arrive to Light Tree by: _____

Authorized persons for picking up my child from Light Tree:

Name: _____ Relationship: _____ Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Home: _____ Cell: _____ Work: _____



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Medical Information and History

First Aid: I authorize the Program Staff to administer first aid treatment to my child.

Accident/Injury: I hereby authorize Light Tree Education to arrange for medical examination and/or treatment of my child, _____, should an emergency arise at the center or on a field trip. I understand that Light Tree Education will make a conscientious effort to contact me at the emergency numbers I have provided before any medical action is taken.

Hospital: Should an emergency arise, I understand that a conscientious effort will be made by Light Tree Education to contact me at the emergency numbers I have provided before any medical action is taken. I would prefer to have my child taken to the following hospital if the need arises: _____. I understand that choice of hospital may be limited by service of the local rescue squad.

Release and Waiver of Liability

I, the undersigned, am the parent and/or legal guardian of the minor child listed on the first page of this form. I hereby fully release, waive forever discharge, hold harmless and agree not to sue Light Tree Education, as well as the center's officers, employees, agents, servants, and volunteers from any and all liability arising out of or in connection with my child's participation in the Programs, and all liabilities associated with any and all claims related to such participation that may be filed on behalf or for my child. For the purpose of this release and waiver, "liability" means all claims, demands, losses, causes of action, suits or judgments of any and every kind that arise as a result of my child's participation in the Programs and that result from any cause other than the Parties' gross negligence.

By signing below I give permission for my child to participate in the Programs. I also give my consent to any medical treatment deemed necessary by medical personnel for the physical well-being of my child. I assume full responsibility for my child's behavior and agree to pay for all damages to property or person caused by him/her. I understand that I will be notified if my child's behavior interferes with the Programs, and that further disciplinary problems may result in his/her expulsion from the Programs. This release and waiver shall remain in effect while my child is participating in the Programs. I understand that I may revoke my consent in writing. However, if I do so my child will no longer be permitted to participate in the Programs.

I understand that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of California, and agree that if any portion is held invalid, the remainder of this release and waiver will continue in full force and effect.

My signature below additionally verifies that I understand that except as otherwise approved, my child is expected to attend the Programs from when he/she is dismissed from school until 6:00 pm, for the full program session. I also understand that student attendance will be recorded in each class and that I will be required to verify my child's absences.

I acknowledge that I have had sufficient time to read this entire form. I have carefully read and understand all of it and I agree to be bound by its terms.

Print Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____