

DIVERSITY HOMEWORK CLUB

Enrolment and Registration Form

Student's Given Name _____ Family name _____

Date of birth _____ Country of birth _____

Gender _____ Cultural Heritage _____

School _____ Grade _____

Mother's Name _____ Mother's Phone # _____

Mother's email address _____

Father's Name _____ Father's Phone # _____

Father's email address _____

Home Address _____

Suburb/ City _____ State _____ Post Code _____

Main language(s) spoken at home _____

Assistance is required with following subjects: _____

How did you hear about us? _____

Media/ photograph consent (for website/ social media) Yes No

EMERGENCY INFORMATION AND CONTACT

Does your child have medical insurance? Yes No

Doctor's Name _____ Phone # _____

Insurance Company _____

Phone Number _____ Policy Number _____

Are All Necessary Immunizations Current? Yes No

In case of emergency and when the parent/guardian cannot be reached,
please contact:

Name _____ Relationship _____

Phone Number _____

Name _____ Relationship _____

Phone Number _____

Please list any current medical conditions, medications, food or drug allergies
that we should be aware of _____

Does the student have special needs? Yes No

If yes, please provide details _____

May we provide your child a snack? Yes NO

Food allergies, if any _____

Diversity Homework Club is proudly supported by

DISMISSAL

After Homework Club my child will be picked up on time by _____
My child may also be released to _____ upon my notice.

Parent/Guardian Release for Emergency Treatment

I authorize the Homework Club team to arrange for transportation in case of accident or acute illness of my child. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for medical or dental treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of my child's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me, the signer.

In the event a life-threatening emergency occurs or if I or the others listed as emergency contact are not available, I give my permission to Homework Club to provide first aid for the child named in the application and to take the appropriate measures including contacting the emergency medical services (EMS) system and arrange transportation to a medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Parent/ Guardian Signature

Print Name

Date

General Release of Liability

In consideration for my child being allowed participant privileges in the Homework Club, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/ or while using the premises or any facilities or equipment hereon. I further agree to hold harmless the Homework Club, their partners, directors, employees, from any and all claims that may result from any action for damages, including but not limited to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the Homework Club and its partners is binding on me and my heirs, personal representative, successors, and assigns.

Parent/ Guardian Signature

Print Name

Date