

**Kidventure Finale After School Program Registration Form
2010-2011 School Year**

Student Information

Last Name: _____ First Name: _____ D.O.B.: _____ Age: _____ Grade in Fall 2010: _____
 Last Name: _____ First Name: _____ D.O.B.: _____ Age: _____ Grade in Fall 2010: _____
 Last Name: _____ First Name: _____ D.O.B.: _____ Age: _____ Grade in Fall 2010: _____
 Last Name: _____ First Name: _____ D.O.B.: _____ Age: _____ Grade in Fall 2010: _____
 Street: _____ City: _____ ZIP: _____ E-mail: _____
 Mother's Name: _____ Mother's Business Phone: _____ Mother's Cell Phone: _____
 Father's Name: _____ Father's Business Phone: _____ Father's Cell Phone: _____

A copy of your school Emergency Card and Insurance Information will be given to the Finale After School Program.

Finale After School Fees for 2010-2011 beginning September 1, 2010:

St. Michael Catholic School handles all billing for the Finale After School Program.
 If you have billing questions please refer to the SMCS Business Manager at 713-621-6847

Month	Amount Due	Due Date	Month	Amount Due	Due Date
August	\$105	September 1 st	January	\$210	February 1 st
September	\$210	October 1 st	February	\$210	March 1 st
October	\$210	November 1 st	March	\$210	April 1 st
November	\$210	December 1 st	April	\$210	May 1 st
December	\$105	January 4 th	May	\$210	June 1 st

Payment reminder will be sent on the 2nd of the following month via email. Payment after the 5th of the following month will be charged a \$20 late fee. Non-payment for participation in the after school program will result in ineligibility to participate until all balances due are paid in full.

Medical Authorization and Permission to Treat

I / We hereby grant to Kidventure Inc. permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child. I/We understand that, consistent with the circumstances of the situation and available time, Kidventure Inc. will make every effort to contact and follow the instructions of the parent or legal guardian, physician, or other person designated above by me/us. In the event Kidventure Inc., is unable to contact the parent or guardian, physician, or other persons listed above, I/We hereby agree that I/we will be solely responsible for and will pay promptly any expenses, which may be incurred by Kidventure Inc. in making emergency medical treatment to the above named child.

Liability Waiver and Release

I am giving my child(ren) listed above my permission to participate in the described supervised, organized activity sponsored by Kidventure Inc. I understand and am aware that such activity involves a risk of injury and that I am voluntarily giving permission to participate in this activity. I hereby agree to expressly assume and accept any and all risk of injury from my child's participation in the above activity. I do hereby and forever discharge, release, indemnify and hold harmless Kidventure Inc., and St. Michael Catholic Church & School including their employees, for and on behalf of myself and my minor child and our respective heirs, successors and assigns, from any and all liability, rights of action, causes of action, losses, claims, demands, cost and expenses for damages and /or personal injury that may arise in conjunction with my child's participation in this activity.

Signature of Legal Guardian: _____ date: _____

Permission to Pick Up From After School Program

The following people have my permission to pick up my child from Finale:

Name: _____

Name: _____

Name: _____

Name: _____

Registrations must be turned into St. Michael Catholic School at 1833 Sage Road Houston, TX 77056.
 Forms will then be given to the Finale After School Program Staff.

For further information about the Finale After School Program, please contact the Kidventure After School Camp Coordinator
 6633 Portwest Drive Suite 100 Houston, TX 77024 Phone: 713-960-8989 Rachel@kidventurecamp.com

PLEASE RETURN THIS FORM TO ST. MICHAEL CATHOLIC SCHOOL AS SOON AS POSSIBLE