



KINDERGARTEN COUNTDOWN



Registration Form

Student Name: _____

Birth Date: _____ Male Female

Parent/Guardian Name: _____ Relationship: _____

Phone Number: _____ Circle One: Cell Home

Parent/Guardian Name: _____ Relationship: _____

Phone Number: _____ Circle One: Cell Home

Address: _____

City: _____ State: _____ Zip Code: _____

- Please send an extra set of clothes with your child on the first day.
- It is expected your child is fully potty trained before the beginning of this program. Only medical exemptions permitted.

EMERGENCY CONTACT INFORMATION

Primary Contact Person

Workplace Contact

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship to Student: _____

Company Name: _____

If you cannot be contacted, whom do you trust to care for your child?

Name: _____ Phone: _____

1. How will your child travel to and from school each day? Bus* Car Rider Walk

*The bus follows the standard FWCS transportation policies including living outside the 1-mile radius of the school. If there are less than 5 students riding the bus, the bus will be cancelled for that school and you will be responsible for your child's transportation to and from school each day. You will be notified prior to the start of the program if that is the case.

2. Does your child have any dietary restrictions, food allergies, or health conditions that we should be concerned about at school?

Yes, please explain: _____ No: _____

I hereby consent to have my child attend United Way of Allen County's Kindergarten Countdown program.

3. Parent/Guardian Signature: _____ Date: _____

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Kindergarten Countdown Publicity Release Form

This form gives United Way of Allen County permission to use any photos and other recordings that are taken of your child during the Kindergarten Countdown program.

Student's Name: _____

Parent/Guardian Name: _____

School Name: _____

United Way of Allen County has my unlimited permission to use my name and story and my child's name and story, as well as to reproduce any and all photographs, video and/or audio recorded of me or my child for use by United Way of Allen County. These photographs/video images/audio recordings may be used with or without my name or my child's name in all forms and media, including, but not limited to, advertising, trade display, editorial, art, exhibition, and Internet postings, now and in the future. I also grant this right to any agency, grantee, publication, organization, institution, or other entity designated by United Way of Allen County.

In giving this consent, I release United Way of Allen County and its designees from liability for violation of any personal or proprietary right my child or I may have in connection with the reproduction and use of these photographs/video images/audio recordings. I also certify that I am of legal age in Indiana (21).

Guardian's Consent

I am the guardian of the minor named above and have the legal authority to execute the above consent and release. I approve the above agreement and consent to the terms specified. I understand that I am not required to sign this form, and that by signing it I am freely giving my consent for United Way to use photographs/images/audio recordings of me or my child.

Signature: _____

Date: _____