

(All in one kids Inc.)

Licensed by the DOHMH - inspected twice yearly at 67-45 215th Street, Bayside, NY 11364

Tel. 929-331-4000, Email: 6745215st@gmail.com

Afterschool Program Application Form

Last Name _____ Home Phone # _____

Address _____

City _____ State _____ Zip _____

Father Name _____ Cell # _____

Mother Name _____ Cell # _____

Email Address _____

Family Doctor _____ Phone # _____

Emergency Contact _____ Phone # _____

AIOK days: September 12, 2016 until June 2017, Mon-Thur 3:00 - 7:00pm, Fri 1 hour before sunset.

Price per child _____ #of kids _____ Registration fee \$75_

Name	Date of Birth	School Attends	Grade in Sep 2016

I, the undersigned do hereby volunteer my application for the attendance and participation in All in one kids Inc. programs services, and do hereby assume full responsibility for all injuries, damages, or losses that my child may sustain or incur, if any, while attending/participating. I do hereby waive all claims against AIOK Inc. , owner, independent contractor and employees of AIOK Inc., and any facility AIOK Inc. will attend and use, individually or otherwise, for any claims or injuries my child may sustain. I fully understand that any medical treatment given to my child will be first aid type only, and allow AIOK inc. to acquire emergency medical help for my child if deemed necessary by AIOK inc. staff. I certify that my child is in good health and without injuries or physical disabilities. I allow AIOK inc. full authority to transport my child from school to the program and home if applicable. I consent that any Videos or pictures furnished by my child or taken of my child in connection with the classes can be used for publicity, promotion, or television showing and waive compensation in regard thereto. I further agree to conduct myself with decorum in the spirit of education.

Parent/Guardian Name:

Signature:

Date:

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Comments (Allergies, Special conditions, important info): _____

Check enclosed

Cash enclosed

Please make payment payable to All in one kids Inc.

