

The Loft Nonprofit Organization

(An After-school & Summer Program For Students In Grades K thru 6th Grade)

Name of Student _____

Date of Birth ____/____/____

School student most recently attended _____

Circle Grade Student Grade Level: **K 1 2 3 4 5 6**

Parent(s) or legal guardian

Name: _____

Address: _____

Home Phone#:(____)_____-_____

Cell Phone#:(____)_____-_____

Work Phone#:(____)_____-_____

Email: _____

Emergency Contact: _____

Emergency Contact Phone Number: (____)_____-_____

Does your child have any allergies? Yes No

If Yes what are they?

My child may take part in the breakfast and lunch, and snack meals. Yes No

My child has permission to go on field trips organized by "The Loft". Yes No

I am interested in volunteering for The Loft program and activities. Yes No

Individuals authorized to pick my children up:

My child is authorized to walk home or take the Public Transit Bus. Yes No

Parent/Guardian Signature: _____ Date Signed: ____/____/_____

Medical

I give permission to the Loft program to take whatever emergency measures are judged necessary for the care and protection of my child(ren) while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency team deems it necessary. It is understood that in some medical situations The Loft staff will need to contact the local emergency resources before the parents/guardians, the child's physician, and/or other adults acting on the parents/guardians behalf are notified. I understand that any expenses incurred will be borne by the child's family.

Parent/Guardian Signature: _____ Date Signed: ____/____/____

Picture Policy

I give permission to The Loft program to publish any or all pictures of my child,

_____, taken during the duration and conducting
of this program.

Parent/Guardian Initials: _____ Date Initialed: ____/____/____

Field Trips

I give permission for my child, _____, to participate in field trips during the course of The LOFT program.

I understand that my child will be under the direct supervision and care of The LOFT program staff. I will not hold The Loft program staff or any volunteers, responsible for any injuries or loss of property which may be sustained by my child as a direct or indirect result of participating in The Loft program.

Parent/Guardian Initials: _____ Date Initialed: ____/____/____

Transportation Liability

I understand that my child, _____, will be transported at times in The LOFT program for field trips and other special circumstances. While en route, the child will be under the direct supervision of the driver and will be subject to all regulations set for the safety of the child. I will not hold the driver, The LOFT program staff, or volunteers responsible for any injuries or loss of property which may be sustained as a direct or indirect result of this service.

Parent/Guardian Signature: _____ Date Signed: ____/____/____