



Imagination Soup Enrollment Form

CHILD INFORMATION

Child's Name: _____ Date of Birth: _____

Current Age: _____ Gender: M _____ F _____

Home Address: _____ Telephone: _____

Current School and Grade: _____

Does your child have any learning concerns? _____

What are your child's interests? _____

What are your child's strengths and weaknesses? _____

How does your child feel about his or her writing ability? _____

PARENT/GUARDIAN INFORMATION

Mother / Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone: _____ Home Email: _____

Cell Phone: _____

Father / Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone: _____ Home Email: _____

Cell Phone: _____

Marital Status: Married ___ Divorced ___ Single parent ___ Other

If divorced, who has legal custody? _____

May the non-custodial parent / guardian pick up the child? _____

The child will only be released to parents and to (friends, family):

Name _____ Address: _____ Phone: _____

Name _____ Address: _____ Phone: _____

Name _____ Address: _____ Phone: _____

CHILD'S PHYSICIAN & MEDICAL INFORMATION

Physician Name: _____ Telephone Number: _____

Address: _____

Allergies/Special Diet: _____

Chronic Health Condition: _____

Special Limitations or Concerns: _____

Health Insurance Coverage: _____ Policy # _____

Parent/Guardian Signature: _____ **Date** _____

Child's Name _____ Date of Birth _____ Parent's Name _____

HEALTH CARE AUTHORIZATIONS

I authorize ImaginationSoup staff and medical personnel to have access to health information in my child's file.

I authorize ImaginationSoup staff, who are trained in the basics of first aid, to give my child first aid or CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

I give ImaginationSoup permission to post my child's allergies as needed.

Parent/Guardian Signature: _____ **Date** _____

Field Trip Permission

You have my permission to take my child/ren on trips short walks in the HFII neighborhood. I also understand that all necessary precautions will be taken to ensure his or her safety, and I will not hold ImaginationSoup, LLC responsible for any accident, which may occur on such a trip.

Parent/Guardian Signature: _____ **Date:** _____

PHOTO PERMISSION

_____ I give permission for my child _____ to be photographed while attending Imagination Soup.

_____ I do not wish my child _____ to be photographed while attending Imagination Soup.

PLEASE READ THE FOLLOWING AND SIGN YOUR AGREEMENT

Parent/Guardian Signature: _____ **Date** _____

(Signature on Registration Form is required for registration):

1. I understand that I must make arrangements for my child's care immediately following the end of class. I accept that neither the class instructor nor the ImaginationSoup staff will be responsible for children not picked up on time. If the pick-up arrangements listed on the registration form cannot be met, I will notify the class instructor. Children not picked up on time will be charged \$1 / minute after class is dismissed.
2. INDEMNIFICATION, WAIVER AND RELEASE. By signing the Registration Form enclosed, I agree to the following:
 - I agree to assume all risk of injury to me or my child and all risk or damage or loss of property arising out of my child's participation in the program.
 - I release, discharge and waive any and all responsibility of the ImaginationSoup, LLC and ImaginationSoup staff from and against liability for any injury, damage or loss which may result from my child's participation in this program or his/her failure to attend class he/she has registered for.

Imagination Soup's Summer Writing Schedule 2010

Email: Melissa@imaginationsoup.net to register

All classes at: 7548 S. Jasmine Way, Centennial, CO 80112

**To register, circle the class you'd like. Each class is \$25. (Limit: 8 students)
If the schedule is updated, I will email you with the new options for classes.**

7 – 12 year olds	Grow, garden grow: Plan, Plant, Write	June 7, 2010	1:00 – 4:00 p.m.
7 – 12 year olds	Pop Up Books!!	June 8, 2010	1:00 – 4:00 p.m.
7 – 12 year olds	Fractured (mixed-up) Fairy Tales	June 14, 2010	1:00 – 4:00 p.m.
7 – 12 year olds	Picture Books / Pop Ups	June 16, 2010	1:00 – 4:00 p.m.
7 – 12 year olds	Science Explosions	June 21, 2010	1:00 – 4:00 p.m.
7 – 12 year olds	Word Art Collages, Poems, Mobiles & more	June 23, 2010	1:00 – 4:00 p.m.
7 – 12 year olds	2 DAY WORKSHOP Graphic Novels (Comic Books)	June 28 – 29, 2010	1:00 – 4:00 p.m.
7 – 12 year olds	Alphabet Stories	July 8, 2010	1:00 – 4:00 p.m.
7 – 12 year olds	Become your pet, write when . . .	July 13, 2010	1:00 – 4:00 p.m.
7 – 12 year olds	Silly, Gross and Weird Stories	July 19, 2010	1:00 – 4:00 p.m.
7 – 12 year olds	Playful Poetry: Personification focus	July 20, 2010	1:00 – 4:00 p.m.
Parents, tweens, teens	Starting a Family Blog	On demand	

Total amount of classes circled _____ x \$25 = _____ TOTAL

Please make checks to Imagination Soup and send to 7548 S. Jasmine Way, Centennial, CO 80112.