



## Venture Academy Afterschool Program

### ENROLLMENT FORM

<b>1. Student Information</b>				
Name:	Date of Birth:	Grade:	Age:	Height:
	Male   Female			
Allergies   Food:	Sibling(s) at Venture:		School Phone #:	
School Name:	School Address:			
Special Care instructions:				
<b>2. School Registration:</b>				
				Check Payment to: VENTURE at Plano
_____ Kid Mania Plano		_____ Jumpstreet Allen		
<b>1. Spring/Fall Semester Selection</b>				
Select Months to Attend				
(1) January _____	(5) May _____	(10) December _____	Full Semester _____	
(2) February _____	(6) August _____			
(3) March _____	(7) September _____			
(4) April _____	(8) October _____			
	(9) November _____			
<b>2. Spring/Fall Program</b>				
(1) Basic Academic Program (\$200/month) _____	(2) Advanced Academic Program (\$300/Month) _____			
(3) Registration Fee \$20/Academic year _____				
(4) Driving Fee: \$10 / \$20 (within 5 miles / outside 5 miles)				
(5) Material Fee \$35/semester _____ + Textbook (Math & English) \$45 _____				
<b>Credit Card Information</b>				
Name _____	Card Number _____			
Valid Thru ____ / ____	CW _____	Zip Code _____		

<b>4. Parent or Legal Guardian Information</b>			
Name:	Relationship:	Name:	Relationship:
Address:		Address:	
Home/Cell Phone #:		Home/Cell Phone #:	
Work Phone #:		Work Phone #:	
Email Address:		Email Address:	



<b>5. Emergency Contact Information:</b>			
In the event of an emergency, please list two people we may contact who know your child and can take full responsibility should you not be available. The persons listed may also pick up your child from Venture should the parent or legal guardian be unavailable.			
Name:	Relationship:	Cell Phone #:	Work/Home Phone #:
Name:	Relationship:	Cell Phone #:	Work/Home Phone #:

<b>6. Parent or Legal Guardian Consent:</b>		
I hereby give my consent for my child to be transported by Venture Academy. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I hereby give my consent to Venture Academy to photograph my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release VA from any claims whatsoever which may arise in said regards. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I will not hold Venture Academy responsible for any liability of accident and/or the cost of emergency care and/or transportation.		
Printed Name of Parent/Guardian:	Signature of Parent/Guardian:	Date:
_____	_____	_____

<b>7. Immunization record:</b>		
My child's immunization record and hearing   vision screening statement are on file at the school and all immunizations are current. <input type="checkbox"/> Yes		
My child has been examined within the past year by a health care professional and is able to participate in the after school program. <input type="checkbox"/> Yes		
Printed Name of Parent/Guardian:	Signature of Parent/Guardian:	Date:
_____	_____	_____

<b>8. Authorization For Emergency Medical Attention:</b>	
In the event I can not be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:	
Name of Physician:	Phone #:
Name of Emergency Medical Care Facility:	Phone #:
I give consent for the facility to secure any and all necessary emergency medical care for my child/ren. Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).	
Printed Name of Parent/Guardian:	Signature of Parent/Guardian:                      Date:
_____	_____

<b>9. Parent &amp; Student Handbook:</b>		
I have read and agree with the policies outlined in the Parent Handbook. It can be found at <a href="http://www.ventureplano.com">www.ventureplano.com</a>		
Printed Name of Parent/Guardian:	Signature of Parent/Guardian:	Date:
_____	_____	_____

**10. we do not do any refund, exchange and credits.**