



After School Registration Form

991 Saratoga Ave, San Jose, CA-95129
Phone:(408)-758-5722 Email:kidz.radiant@gmail.com
Website: www.RadiantKidz.com

PROGRAM INFORMATION

After School Program _____ or _____ - _____
5 Days 3 Day Mon Tue Wed Thu Fri

Pickup needed _____
Yes No Optional Activity Chess

STUDENT INFORMATION

Student Last Name Student First Name Date of Birth mm/dd/yy Sex _____

School Grade in Fall

PARENT INFORMATION

Parent 1 Information	Parent 2 Information
_____ Name	_____ Name
_____ Address	_____ Address
_____ Cell Phone	_____ Cell Phone
_____ Work Phone	_____ Work Phone
_____ Email	_____ Email

TUITION INFORMATION

Deposit \$ _____	Registration \$ _____	Initial _____
1. Annual Payment	Annual Tuition \$ _____	Initial _____
2. Monthly Payment	Monthly Tuition \$ _____	Initial _____
3. Quarterly Payment	Quarterly Tuition \$ _____	Initial _____

EMERGENCY INFORMATION

In order of preference list all individuals authorized to pick up your child(other than parents). Unlisted persons will not be permitted to pick up your child.

Name	Phone	Relationship

Primary Care Physician

Phone

Dentist

Phone

Insurance Provider

Policy No Phone

Subscriber Name

List all medical and special conditions such as allergies to food, medication etc

Indemnification by Parent/Guardian

The undersigned, in consideration of participation in the program offered by Radiant Kidz agree to indemnify and release the program, its officers, staff and employees, from any and all claims, demands, losses, damage, liabilities and injuries which may be suffered by the above named child, arising out of, or in any way connected with the participation in the classes, pickup or activities offered by the program. I acknowledge that I have read the above agreement and release, and fully understand that I have assumed all the risks of injury that may occur during the program. I, hereby, further authorize the program that if the doctors listed above can't be reached, to take my child to the nearest emergency aid station by ambulance if necessary for treatment.

Parent's/Guardian's Signature

Print Name

Date mm/dd/yy

