## KinderKidz Learning Center SUMMER PROGRAM



Child's Name: DOB:			GENERAL FIE	LD TRIP PER	MISSION	
Activity:       Cost s:       Will Need:         Trip Date:       Time Leaving Center:       Time Returning to Center:         Activity Address:						
Trip Date:       Time Leaving Center:       Time Returning to Center:         Activity Address:	Home	address:			Parent's cell:	
Activity Address:	Activi	ty:		Cost \$:	Will Need:	
My child is a:Swimmernon-swimmer (all non- swimmers will play in non-swimmers' area)         Other information on child's swimming skills (if applicable):         Mode of Transportation:	Trip E	Date:	Time Leaving Center:	:	Time Returning	to Center:
Other information on child's swimming skills (if applicable):         Mode of Transportation:	Activi	ty Address:				
Mode of Transportation:	My c	hild is a:Swimmer	non-swimmer (a	all non- swimme	ers will play in non-swir	nmers' area)
Walking       KLC's Van       Chaperon's vehicle       Chaperon's Name         Person(s) in Charge:       .       .       .       I have been informed of the details of this educational field experience.       .	Othe	r information on child's sv	vimming skills (if applicable	e):		
Person(s) in Charge:         1.       I have been informed of the details of this educational field experience.         2.       My child has my permission to participate in this supervised field experience.         3.       I agree to instruct my child to obey all rules, regulations and instructions given by teachers and/or authorized center personnel. I further agree that no teacher or authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations, or instructions.         4.       This field experience is considered as center learning activity and will be conducted as a regular classroom.         >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Mode	of Transportation:				
I have been informed of the details of this educational field experience.      My child has my permission to participate in this supervised field experience.     I agree to instruct my child to obey all rules, regulations and instructions given by teachers and/or authorized center personnel. I further agree that no teacher or authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations, or instructions.     This field experience is considered as center learning activity and will be conducted as a regular classroom.     S>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		Walking KLC	s Van Chapero	n's vehicle		Chaperon's Name
<ol> <li>My child has my permission to participate in this supervised field experience.</li> <li>I agree to instruct my child to obey all rules, regulations and instructions given by teachers and/or authorized center personnel. I further agree that no teacher or authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations, or instructions.</li> <li>This field experience is considered as center learning activity and will be conducted as a regular classroom.</li> <li>&gt;</li></ol>	Persor	n(s) in Charge:				
WAIVER         We recognize, however, that unanticipated situations and problems can arise on any trip, center-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless KLC, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense, (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services, or any cause beyond the control of VCLC, including, but not limited to, natural disasters, civil disturbances, acts of terrorism, and wars. In the event that a student must return to VCLC independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.         I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THIS FIELD TRIP THIS. MY SIGNATURE INDICATES THAT I HAVE READ WITH MY CHILD AND AGREED TO THE ABOVE RULES AND REGULATIONS TO GOVERN MY CHILD'S HEALTH AND SAFETY:         Parent's Name:	2. 3.	My child has my permissic I agree to instruct my child further agree that no teac my child's deliberate disol This field experience is con	n to participate in this superv l to obey all rules, regulations ner or authorized personnel s pedience of rules, regulations nsidered as center learning ac	vised field experies and instructions shall be held resp , or instructions. ctivity and will be	s given by teachers and/o oonsible or liable for injur conducted as a regular c	ies or other mishaps caused by
WITH MY CHILD AND AGREED TO THE ABOVE RULES AND REGULATIONS TO GOVERN MY CHILD'S HEALTH AND SAFETY:          Parent's Name:	We rec situatio to relea judgme to the s civil dis accider	<b>TER</b> ognize, however, that unant ons or problems are not reas ase and hold harmless KLC, i ents, costs, interest and expe- student and the costs of mer- sturbances, acts of terrorism nt, failure to conform to rule	icipated situations and proble onably within the control of t is agents, officers, employees ense, (including attorneys' fee lical services, or any cause be , and wars. In the event that a s established by the teacher i	ems can arise on the supervising te s, and volunteers es and costs) arisi eyond the contro a student must re in charge, etc., w	any trip, center-sponsore eacher(s) or staff (includir , from any and all liability ing from such activities, ir I of VCLC, including, but r eturn to VCLC independer	ng volunteers). We further agree , claims, suits, demands, ncluding any accident or injury not limited to, natural disasters, ntly for reasons of health,
<ol> <li>Emergency Contacts: Phone: Name:</li> <li>Address:</li> <li>Emergency Contacts: Phone: Name:</li> </ol>	-			-		
Address:	Parent	.'s Name:		_Signed:		Date:
2. Emergency Contacts: Phone: Name: Address:	1.	Emergency Contacts: Pł Address:	one:	Name	:	
	2.	Emergency Contacts: Pł Address:	one:	Name	•	