

Brooke of Life Care

Before & After School Enrollment Form 2021-2022

For office use only: Date _____ Initials _____
Weekly _____ Drop in day _____ Before _____
Reg fee pd _____ Care pd _____ Total _____

Checks payable to "Brooke of Life" and are due on or before the first day of care. Debit and credit card payments can be made by phone or at the Brooke of Life office.

Campus: _____ Days & times: _____ Start date: _____

Contact Information:

Student's Name: _____

Age _____ Grade _____ Date of Birth: _____

Parent's Name: _____ Relationship to Child: _____

Address: _____

Mailing address (if different): _____

Phone: _____ Work Phone: _____

Alternate Phone: _____ Email: _____

Alternate Pickup Person/ Emergency Contact: _____

Relationship to child: _____ Phone Number(s): _____

Allergies or Special Medical Needs: _____

Tuition Agreement:

Person Responsible for Payment: _____ Relationship to Child: _____

Cell Phone: _____ Alternate Phone: _____

Driver's License #: _____ State: _____ Email: _____

Mailing address: _____

Employer: _____ Work Phone: _____

I understand that services rendered for child care are subject to the following conditions: All tuition is due on Friday BEFORE the week of care. It is considered late with a late fee of \$25 if not paid by Tuesday at 6:00pm. Weekly tuition is not pro-rated if child is absent. I understand that drop in rates are to be paid day of care (\$5 late fee if not paid upon pick up). There is a \$35 returned check fee, and a second returned check will result in payment in the form of money order or cash. After 6:00pm, there is a \$1 per minute late charge. I understand this is a contractual agreement and by signing I agree to the terms and conditions included.

Signed: _____

Date: _____

Brooke of Life- Consent for Medical Treatment

I, _____, certify that I am the parent or legal Guardian of _____, who was born on _____. I possess all rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

I consent to the examination or treatment of my child by a physician duly licensed to provide health care services in the State of Texas for any medical care and services deemed necessary by Brooke of Life, its agents, servants, and employees.

I give permission to the physician or health care professional to provide any and all medical care they deem in their professional opinion to be necessary.

I understand and acknowledge that my permission and consent is sufficient for this purpose. I represent to Brooke of Life that no permission or consent from any other person is required by law.

I agree to pay for any medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of Brooke of Life of any health considerations or medical conditions that would restrict my child's participation in any and all activities while in Brooke of Life.

Printed Name: _____

Signed: _____

Date: _____

Insurance Company: _____

Policy #: _____

*Should the need for medical attention arise, every attempt will be made to contact you as soon as practical under the circumstances.

Brooke of Life- Parental Certification Consent and Release

I, _____, certify that I am the parent or legal Guardian of _____, who was born on _____. I warrant that I possess all rights, powers, and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect. As the parent or legal guardian, I certify and affirm that I have been completely and thoroughly informed that as a child attending Brooke of Life, my child will participate in certain activities which carry a degree of risk and danger. Examples include but are not limited to the following: physical activities both indoors and outdoors, use of recreational equipment, field trip by motor vehicle on and off campus. I acknowledge and understand that Brooke of Life may offer other activities not listed above that may present similar risks or dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this Parental Certification Consent and Release form has the same force and effect, regardless of whether the activities engaged in are free or if a fee is charged.

Furthermore, I personally assume on my child's behalf all risks in connection with said activities for any harm, injury, or damages that may befall my child as a result of my child's participation in the activities, whether seen or unforeseen, and I still wish to allow my child to proceed with activities.

I acknowledge and agree that Brooke of Life shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that result in injury, death, or any other damages to my child, me, my family, heirs, or assigns in consideration of my child being allowed to participate in these activities.

I understand that the terms herein are contractual and are not a mere recital. I have signed this document as my own free act. It is my intention by signing this document to exempt and release Brooke of Life from all liability whatsoever for injury, property damage, or wrongful death caused by negligence.

I also acknowledge and agree that my signature on this form shall constitute a bar to any recovery by my child, me, my family, heirs, or assigns in all suits and actions that may be instituted against Brooke of Life, its agents, servants, or employees for any injury or death to my child, whether or not same resulted from negligence of Brooke of Life, its agents, servants, or employees or due to the negligence of my child, or due to the risks ordinarily incident to my child's participation in these activities, or due to the contributory negligence of my child.

I understand it is my obligation to give written notification to the management of Brooke of Life of any health considerations or medical conditions that would restrict my child's participation in any and all activities while enrolled in Brooke of Life.

Printed Name: _____

Signed: _____

Date: _____

Brooke of Life
Photography Permission Form



Child's name(s): _____

Brooke of Life requests permission to use photographs/names of individual students in a variety of publications to promote Brooke of Life. This could include Brooke of Life Facebook, brochures, newsletters, or the Brooke of Life website.

_____ No - I do not give permission or consent for Brooke of Life to use my child's photographs for the purposes consistent with the above.

Parent/Guardian Signature _____

Date _____

