

it's all about KIDS

Parent or Guardian info:

First Name:		Last Name:		Email:	
Address:				City	State
Cell	Phone	Work	Other		
Emergency Contact: Name & Number:					

Ethnicity: Caucasian Asian African-American Hispanic Other _____

How did you hear about *It's All About Kids*?

Radio Newsprint Television Word of Mouth Referral Other _____

Children Info:

First Name	Last Name	Gender	DOB	Age	School & Grade	Medical Condition or Allergies

Programs of Interest:

<input type="checkbox"/> Etiquette & Manners	<input type="checkbox"/> Buzz Learning Lab	<input type="checkbox"/> Parent Training Clinic	<input type="checkbox"/> Family Literacy Reading Parties	<input type="checkbox"/> Buzz Into Books Literary Campaign
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Permission for Enrollment, photograph and Release of *It's All About Kids* (IAAK) from Liability

I give my child(ren) permission to participate in IAAK's activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. I understand and expressly acknowledge that I release IAAK, it's staff members, board and volunteers from all liability for any injury, loss or damage connected in any way whatsoever to my child(ren) participation in IAAK's activities. I have read this form and grant permission for each of my child(ren) to participate in all activities provided by *It's All About Kids*. I also grant permission to photograph and video tape for the use of IAAK publications.

Parent Signature: _____ **Date:** _____ **Staff Initials:** _____