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KidUnity is a 501(c)(3) non-profit organization providing service learning and leadership programs.

Application for Community Explorer 2015/16

**STUDENT INFO**

NAME:

GRADE (Fall 2015):

SCHOOL:

AGE:

SEX:

HOME ADDRESS:

CITY:

ZIP:

**PARENT/GUARDIAN INFO**

PARENT / GUARDIAN NAME:

HOME ADDRESS:

CITY:

ZIP:

WORK PHONE:

CELL PHONE:

HOME PHONE:

EMAIL:

PARENT / GUARDIAN NAME:

HOME ADDRESS:

CITY:

ZIP:

WORK PHONE:

CELL PHONE:

HOME PHONE:

EMAIL:

KIDUNITY PROGRAMS WILL BE HELD AT VARIOUS LOCAL COMMUNITY ORGANIZATIONS. I HEREBY GIVE PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN KIDUNITY'S PROGRAMS.

FEES: Program Fee is \$295 per student. Fees are payable to KidUnity by check.

ABSENCES: KidUnity is a non-profit program with fixed expenses. Therefore we cannot give credit or make-up days for the absence of your child.

TARDINESS & PICK UP: Parents are expected to drop off and pick up their children promptly from the activity site each week. Locations and directions to each week's activities will be provided in advance and on KidUnity's website.

PHOTOGRAPHY & VIDEO CONSENT: Occasionally, KidUnity will use a participant's photograph and/or film/video for promotional purposes of the organization. If you do not want KidUnity to use your child's photograph and/or film/video for promotional purposes of the organization, please  check this box.

CONFIDENTIALITY: KidUnity is committed to keeping personal family information confidential. We will only release information to parents/guardians.

RELEASE OF LIABILITY: I hereby agree to hold harmless KidUnity, KidUnity staff, Directors, administrators and Members of the Board of Directors from any liability related to any and all KidUnity activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs take place.

I have read and understood all the information included in this Contract, and by signing, I agree to adhere to the terms of this contract. It is further understood that policies and terms of this contract may be changed and amended, and, that I shall be informed in writing of such changes with a 30-day notice. I have received a copy of this contract.

PARENT/GUARDIAN NAME (PRINT):

PARENT / GUARDIAN SIGNATURE:

DATE: