



Citizen Kids Club (CKC)

Our program provides a stimulating environment where children get to explore their interests and hobbies. The activities are designed to empower kids through cultivation of self-regulated thinking and informed decision making. A wide range of afterschool enrichment is provided that allows them to develop their own skills, talents, and interests.

For Early/Late drop off and Pick up please contact us at (206) 498-3485

DEPOSIT/REGISTRATION

Registration to CKC club-camps is free. However, spaces will not be held unless the club-camp fee is paid in full.

Registration is not complete, and child will not be able to join until all the paper work is done before/on the date of start of club-camp.

How to Pay?

You can make payment by:

- Cash/Visa/check (Check to be made out to SCEZ LLC)
- PayPal (online only)

Note: If you need to cancel your kid's enrollment, please let us know **7 days before the first day of the club/camp** to ensure you are not charged for subsequent club-camps. No refunds will be provided for club-camps of partial attendance.

How did you hear about Citizen Kids Club (CKC)?

- Online search engine like google/Bing etc.
- Social media /Facebook
- Referral from a friend
- Other

If you were referred by a friend, then please provide the full name of friend:



Register for Citizen Kids Club (CKC)

Fill out this form and return to the Citizen Kids Club (CKC). Forms can be emailed to contact@citizenkidsclub.com, mailed to 1405. N.E. 120th Street, Seattle, WA 98125, or submitted personally at the facility.

Registration can also be done online at www.citizenkidsclub.com For more information, please call CKC at 206-498-3485 or email contact@citizenkidsclub.com

Child's Name: _____ Birth Date: _____

School: _____ Grade: _____

Parent Name: _____

Address: _____

Email: _____ Phone Number: _____

Emergency Contact Name: _____ Phone: _____

Out of Household Emergency Contact Name: _____ Phone: _____

Please indicate any health concerns or allergies that we need to be aware of: _____

List any medications that need to be administered during program hours: _____

(Please refer to our policy on administration of drugs during program hours. We strongly recommend administering drugs at home)

List any behavioral needs or concerns we should be aware of: _____

Is there a family situation you want us to be aware of that would affect who picks up your child? (If yes, we will follow up with you) _____



REGISTRATION for CKC CONTINUED...

PLEASE SIGN ON ALL LINES BELOW:

- ◆ I have received a copy of Citizen Kids Club (CKC) policy & procedures. _____
- ◆ I agree to the Citizen Kids Club policy & procedures. _____
- ◆ I agree to the Liability Waiver, Conditions of Membership and Participation, Medical Treatment, and the following information about special needs of my child. _____
- ◆ Participation: I give permission for my child to participate in all activities, including field trips, challenge course activities and to be transported as authorized by Citizen Kids Club(CKC).

- ◆ Specific medical, behavioral or developmental needs of my child: the Citizen Kids Club(CKC) strives to provide the best care possible and being prepared for my child's needs will help my child adjust to the program. I recognize that in some cases, this program may not be suitable for my child. Depending upon my child's needs, additional paperwork and a meeting with a CKC Director may be required prior to my child's start to ensure my child can best be accommodated. Failure to share information that identifies my child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by my child in the program/activities.

- ◆ Medical Treatment: I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the Citizen Kids Club(CKC) in the event I cannot be contacted. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the Citizen Kids Club(CKC) director when deemed immediately necessary or advisable by the physician to safeguard my child's health. _____
- ◆ I reaffirm my agreement to the "Conditions of Membership and Participation" and the "Liability Waiver." I release the Citizen Kids Club(CKC), its directors, officers, employees, agents and volunteers (collectively "CKC Releasees") from all liability, I agree not to sue the Citizen Kids Club(CKC) for any loss, liability, damage, injury or death, and I agree to indemnify and hold harmless the Citizen Kids Club(CKC) ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the Citizen Kids Club (CKC) director when deemed immediately necessary or advisable by the physician to safeguard my child's health. _____