



FAMILY INFORMATION FORM

(One Form Per Family)

Family Last Name: _____

LIST ALL STUDENTS ENROLLED AT KCA:

STUDENT'S NAME	AGE	GRADE	LIST ALLERGIES TO FOODS/MEDICATIONS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LAST NAME _____ MOTHER'S NAME _____ FATHER'S NAME _____

STREET ADDRESS _____ CITY _____ ZIP _____

Accountability Group _____

New to Homeschooling

LIABILITY RELEASE

I, the undersigned, sign this release on my own behalf and on the behalf of my minor children who are enrolled at Kairos Christian Academy. I knowingly and freely assume all risks, both known and unknown to my minor children, while participating at Kairos Christian Academy or related activities. I hereby release and hold harmless Kairos Christian Academy and its Board, administration, teachers, and volunteers even if arising from the negligence of the persons or entity released, with respect to any and all damage, injury, disability, and death or loss or damage to person or property. Further, I consent to photos being taken of myself and my family for use in advertising and social media. Any disclosure information provided in this registration in no way alters or amends the terms of this liability release. I have read the terms of this release of liability, fully understand them, and sign freely and voluntarily. Any disputes or claims between Kairos Christian Academy and myself and family shall be resolved through mediation or, if mediation is not successful, through binding arbitration.

PARENT'S SIGNATURE _____ DATE _____

INSURANCE INFORMATION

DO YOU HAVE MEDICAL COVERAGE? YES ___ NO ___ NAME OF INSURANCE CO. _____

POLICY # _____ GROUP # _____

POLICY HOLDER'S NAME _____ PEDIATRICIAN _____

LIST STUDENTS WHO CARRY AN EPIPEN: _____

EMERGENCY CONTACT INFORMATION

IN THE EVENT OF AN EMERGENCY, WE WILL ATTEMPT TO CONTACT THE PARENTS FIRST. IF NOT SUCCESSFUL, PLEASE LIST AN ALTERNATE PERSON TO CONTACT.

NAME _____ PHONE # _____ RELATIONSHIP _____

CARPOOL AUTHORIZATION – THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP MY CHILD/CHILDREN

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

LIST ANY OF YOUR CHILDREN WHO ARE DRIVERS _____

Please sign giving your child permission to drive to KCA classes _____

PRICES FOR KCA CLASSES

1 HR CLASS \$25/month

2 HR CLASS \$50/month

KAIROS THEATRE \$60/month

MUSIC LESSONS \$100/month

STUDY HALL/GAP \$10/hr. per student

LUNCH \$5/month