



# 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 \_\_\_\_\_

I have read and agree to comply with the policies and guidelines of the KCA Family Handbook.

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 \_\_\_\_\_

#### KCA Class Pricing:

1 HR CLASS \$30/month

2 HR CLASS \$60/month

Kairos Theatre \$60/month

Music Lessons \$100/month

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

LUNCH \$5/month