



World Changers School of the Arts, Inc.
Enrollment Form

Student Information:

Start Date: _____

Last Name: _____ **First Name:** _____ **M.I.** _____

Birthdate: ____/____/____ **Application Date:** _____ **Grade Entering** _____

Gender: Male Female

Student lives with: Mother Father Both Other: _____

Current School: _____

Address: _____ **Apt./Suite #** _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian Information:

Mother/Guardian: Last Name: _____ **First Name:** _____

M.I. _____ **Marital Status** _____

Telephone: (____) _____ - _____ **Work Phone:** (____) _____ - _____

Email: _____

Payment Plan: _____ Weekly _____ Bi-Weekly _____ Monthly

Father/Guardian: Last Name: _____ **First Name:** _____

M.I. _____ **Marital Status** _____

Telephone: (____) _____ - _____ **Work Phone:** (____) _____ - _____

Email: _____

Emergency Contact:

(who to contact if parent(s) cannot be reached)

Name: _____ **Telephone:** (____) _____ - _____

Relationship to child: _____ **Authorized to pick up:** Yes No

Name: _____ **Telephone:** (____) _____ - _____

Relationship to child: _____ **Authorized to pick up:** Yes No

Additional (persons allowed to pick up your child):

Name/Phone:

Any Allergies:

Medical Conditions/Treatments/Medications:

Additional Health information/concerns:

Participation Liability Release Wavier & Consent

I _____ allow _____ to participate in activities and field trips facilitated by World Changers School of the Arts, Inc. and its affiliates. I give full permission to the program facilitators, staff, affiliates, interns, and volunteers in connection with the World Changers School of the Arts, Inc. to instruct this program as best of their ability. I grant permission for my child to be transported by a contracted bus company and/or public transportation for field trips.

By signing this Release, I am acknowledging that World Changers School for the Arts, Inc. pursuant to the US Copyright Act of 1976, has exclusive creative rights and ownership for all work created by my child during school sessions. This includes, but is not limited to, books and songs created as an individual or as a contribution to collective work. World Changers School of the Arts, Inc. has the right to create, and to authorize, a reproduction, prepare derivate work, distribute copies, publish, and display the work created by my child.

I also grant consent for the use of photos and/or videos taken for promotional material. This includes the use of the above photos and/or videos on the World Changers School of the Arts, Inc./Affiliate websites and social media accounts, brochures, flyers, billboards, television commercials, etc.

I hereby Release and Indemnify ,financially and personally, World Changers School of the Arts, Inc. and any participating guest speakers, employees, volunteers, interns, vendors, agents, and affiliated groups from any and all loss or liability associated with any personal injury, property damage, death, or any accident of any kind.

I HAVE READ, FULLY UNDERSTAND, AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, promises or inducements apart from this written agreement have been made.

Child's Name: _____

Signature of Parent/Guardian _____ Date: _____



Authorization for Emergency Treatment

In an emergency, when I, the legal guardian or any of the emergency contact persons cannot be reached, World Changers School of the Arts, Inc. has my permission to take my child to the nearest medical facility. The facility and its medical staff have my permission to provide treatment that a physician deems necessary for the well-being of my child. I agree to accept financial responsibility for all expenses incurred.

Child's Name: _____

Date of Birth: ____/____/____

Allergies _____

Child's Doctor _____ Telephone Number: () _____ - _____

Current Medications:

Date of last Tetanus shot: _____

Medical History:

Insurance Information:

Insured's Name: _____ Employer: _____

Telephone Number: () _____ - _____

Insurance Co.: _____ Policy Number: _____

Insured's Signature: _____

Additional Information:

The following items must accompany the Enrollment Application:

- ☐ Shot Records
- ☐ School Transcript