

Club K

For Grade/Age: Kindergarten- 5 Years old

Tuesdays 1:15-3:15 at Hope Church Montgomery

(16430 FM 2854 Rd., Montgomery, Tx 77316)

Contact: Clubkteacher@yahoo.com OR Lisa (832)-515-6061

NOTE: The Training Center requires each FAMILY to sign a Family Agreement. TTC has a \$60 nonrefundable family registration fee which will need to be mailed along with the Family Agreement to The Training Center, 3214 Felton Springs Dr., Spring, TX 77386. Further information, along with the Family Agreement, may be found on The Training Center's website. TTCclasses.com

Club K Registration Form

E-mail _____

Parent's Names _____

Address _____ City _____ Zip _____

Phone # _____ Alternative Phone # _____

Child's Name _____ Age as of 9/1/24 _____ DOB _____ M or F

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A nonrefundable check for \$70 supply fee will be cashed July 1st

A nonrefundable check for \$55 first tuition payment will be cashed July 1st

Please make checks payable to Lisa DeYoung

Mail this completed form along with your supply fee and July tuition installment to:

Lisa DeYoung 6307 Palmer Court, Magnolia, Tx 77354

Supply Fee \$ _____

Tuition \$ _____

Total Amount Paid \$ _____

Please let us know if we *do not* have your permission to use your child's photo on the website, brochures or advertising.

How did you hear about Club K? _____

MEDICAL RELEASE FORM
TRAINING CENTER

CLUB K

PLEASE PRINT CLEARLY
ONE PER STUDENT

Student Information

Last Name _____ First Name _____

Date of Birth _____ Email _____

Mother's Name _____ Father's Name _____

Address _____ City _____ TX, Zip _____

Gender _____ Height _____ Weight _____ Last Tetanus Shot _____

Phone Numbers

Home Number _____ Mom Cell _____

Work Number _____ Dad Cell _____

Medical Information Please describe any medical condition your child has _____

Does your child have any food allergies? NO YES explain _____

Has your child ever had any seizures? NO YES explain _____

Has your child ever had any signs of asthma? NO YES explain _____

Please list any medical treatments you do not authorize your child to receive _____

Emergency Numbers

Family

Physician _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Insurance Information Name of

Insured _____ Employer _____

Address _____ City _____, Zip _____

Certification Phone _____ Policy # _____ Group # _____

Medical Release I hereby acknowledge and agree to the following:

I hereby give my approval for my child _____, to participate in the classes at The Training Center. I agree to assume all risks and hazards which may occur during my child's participation in this program. I hereby waive, release, and agree to hold harmless The Training Center, Corinne Park, Billie Jo Craig, Lisa DeYoung and any assistants from any injuries, harm or other damages that may occur to me or my child in connection with The Training Center. In the event that I cannot be reached to make arrangements for emergency medical treatment, I authorize Lisa DeYoung to obtain and authorize any medical services and treatment that the medical staff deems necessary. This may include but is not limited to, transportation to the nearest facility for treatment. Lisa DeYoung has my permission to sign any forms and to ensure emergency treatment.

Parent _____ Date _____