

SparkYouth Membership Form

SparkStudios

Summer Pass

Member ID: _____



106 S Jefferson St | Kearney, MO

Member Information

Last Name _____ First Name _____

Date of Birth _____ Age _____ Gender _____ # of Siblings _____

Grade _____ School _____ Favorite Pastime _____

How did you hear about us? _____

Street Address _____ City, State, Zip _____

Phone Number _____ Email Address _____

Office Use Only
Member# _____
Ck# _____ CC _____ Online _____
Enrolled by _____

Parent/Guardian - Authorized Pick Up - Emergency Authorization

I authorize the following Parent/Guardian or Authorized Party to pick up my child from the Firehouse. I understand that if the persons named below are unable to pick up my child, I will provide a permission form to authorize another adult to pick up my child from the Firehouse.

Parent/Guardian & Additional Individuals Authorized to Pick Up Your Child

Parent/Guardian _____ Phone _____ Phone _____

Parent/Guardian _____ Phone _____ Phone _____

Authorized to Pick Up _____ Relationship _____ Phone _____

Authorized to Pick Up _____ Relationship _____ Phone _____

Emergency Contacts

List individuals we may contact and/or release your child to in an emergency if parent, guardian or authorized party listed above, cannot be reached.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical & Behavioral Information

Physician's Name _____ Phone _____

Food Restrictions _____

Allergies _____

General Health _____

(describe any medical, physical or emotional information that may affect your child's experience in the program)

Parent/Guardian Consent

Please sign and date below on behalf of the child listed above, evidencing as their parent/guardian, permission and consent of the following:

- Permission to participate in supervised field trips that will be scheduled during program sessions. Field trips will be on foot and in close proximity to the Firehouse Creative Center.
- Permission for the Firehouse to photograph me, and/or my children and to use any images thus obtained in their various publications for the promotion of the Firehouse and its programs.
- I hereby acknowledge that the Firehouse is not responsible for any lost or stolen personal property.
- As parent/guardian, I hereby give Firehouse permission to seek medical attention for my child in case of accident or emergency. I understand that every effort will be made by Firehouse staff to contact me and/or the emergency contacts in the event of a medical emergency.
- I understand and agree that if my child is injured or causes injury to others during or in connection with participation in any Firehouse program, I hereby release, indemnify and will hold harmless Kearney Enrichment Council, the Firehouse Creative Center, its employees, agents, trustees, instructors, and volunteers from any and all claims arising out of any such injuries. I further understand that by obtaining certain medical information about my child, Firehouse Creative Center is not undertaking any obligation with respect to my child's medical condition or treatment.

Parent/Legal Guardian Signature _____ Date: _____

SparkYouth Registration & Payment Form

Member ID: _____



106 S Jefferson St | Kearney, MO
kearneyfirehouse@gmail.com
816-903-3535

Participant Information (please print)

Last Name _____ First Name _____

Street _____ City _____ State _____ Zip _____

Phone _____ Email _____

Have you previously completed a Membership Form? Yes No

How did you hear about this program? _____

Comments/Notes _____

Office Use Only

Member# _____

Ck# _____ CC _____ Online _____

Enrolled by _____

Register my child for the following SparkYouth program(s) - **Please note price in () if paying by credit/debit card

Mark all that apply:

SparkStudios After School \$20/month (\$21) | Pay in advance for _____ month(s) (up to 9 months)

Summer Pass _____ 1 Visit \$15 (\$16) _____ 2 Visits \$30 (\$31) _____ 3 Visits (\$46.50)
_____ 4 Visits \$60 (\$61.50) _____ 5 Visits \$75 (\$77) _____ 6 Visits \$90 (\$92.50)
_____ 7 Visits \$100 (\$103) _____ 8 Visits \$105 (\$108)

Other Event or Program _____ \$ _____

Donation or Scholarship \$ _____ 1 Time _____ # Months _____ # Years

Payment Authorization (if paying by debit/credit card or setting up a recurring payment)

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Kearney Enrichment Council in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

_____ Visa _____ MasterCard _____ Discover
Card # _____ Exp. Date _____
Cardholder Name _____ CVV (3 digit number on back of card) _____

I _____ <full name> authorize the Kearney Enrichment Council to charge my credit/debit card listed below \$ _____ on the _____ of each _____ <day or date> <insert frequency> for payment of the program selected above.

Billing Address _____

Signature _____ Date: _____