

Register online at  
**www.kidztyme.org**

or complete this form and mail it with payment to:  
KIDZTYME, 16624 Santa Mariana Court, San Diego, CA 92127  
OR FAX TO: 858-487-1517



STUDENT'S SCHOOL: \_\_\_\_\_

Student's Name (ONE STUDENT PER FORM) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent's Name \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address (**REQUIRED – please make sure it is legible**) \_\_\_\_\_

*We never share any of your information! This contact information will be used only to communicate with you about your student's registration/ attendance.*

Mailing Address \_\_\_\_\_ ZIP \_\_\_\_\_

Special medical needs, conditions, or allergies which would be important for us know (please note that we do not have access to anything inside of the school office or ESS, such as epi-pens or inhalers): \_\_\_\_\_

My child will be picked up after class by (name of responsible adult) \_\_\_\_\_  
 My child will attend after-school day care at the school.

Class Name _____	Check # _____	\$ _____
Class Name _____	Check # _____	\$ _____
Class Name _____	Check # _____	\$ _____
Class Name _____	Check # _____	\$ _____
Class Name _____	Check # _____	\$ _____

- \* Please complete a separate form for each student.
- \* Please write your child's name and the class name on each check.
- \* Questions? Contact us at [info@kidztyme.org](mailto:info@kidztyme.org) or 858-485-0481.

**Checks are payable to: KIDZTYME**

**Or pay by credit card:**

Name on card \_\_\_\_\_ Card type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Billing address (if different than above) \_\_\_\_\_

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV2 (3 digits on back) \_\_\_\_\_

By signing below, I indicate that I have read and agree to the following: The school district, Mote, KIDZTYME, and its subcontractors do not maintain health insurance for injuries to the participants that may arise out of involvement in this program. By virtue of participation, my child may risk bodily injury and/or other loss including damage to property. I knowingly and freely assume all such risk for my child. I release and hold harmless and will not hold legally responsible the school district, Mote or KIDZTYME (or their officers, agents, contractors, subcontractors, or employees) with respect to any and all such injury and/or loss except that injury or loss which results from negligence or willful misconduct from one of the individuals or organizations. I agree to inform my child that he/she must follow all safety rules, as well as any others given during his/her participation in the After School Enrichment Program. As the parent/legal guardian of the individual named above, I, the undersigned, hereby grant permission to KidzTyme, its owners, employees, or any other public or private agency authorized by KidzTyme, the use and rights associated to the use of my child's photograph, video image, or voice, in promotional publications, and other media, without compensation. I also authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_