



Kid Care Enrollment Form

Kid Care is for children ages Specified below
**Please include copies of the child's birth certificate*

Enrollment Date: _____ Allergies: _____

Child's Last Name _____ Child's First Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Mother's Last Name: _____ Mother's First Name: _____

Address: _____ Cell or Work Phone: _____

Father's Last Name: _____ Father's First Name: _____

Address: _____ Cell or Work Phone: _____

I, as parent or legal guardians of _____ approve and give my permission for him/her to participate in Kid Care offered by the Towne Lake Community Association Inc. at the Lakehouse Amenity Center. By registering for child care through the Towne Lake Community Association Inc. at the Lakehouse Amenity Center, I acknowledge that some activities carry certain risks for the participant and that some children may not be immunized within Kid Care. I have examined the risks and determined to engage in the program with full knowledge and acceptance of the risks I agree to and hereby releases and forever discharge the Towne Lake Community Association Inc., Caldwell Companies, and CCMC and its staff, their officers, employees, agents and volunteers from any and all liability for damages, loss or personal injury arising out of or related to participation in Kid Care.

Signature of Parent of Legal Guardian

Date

Authorization for Emergency Medical Care

I hereby give my permission to staff of the Towne Lake Community Association Inc. at the Lakehouse Amenity Center to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child _____ should an emergency arise. It is understood that the Towne Lake Community Association Inc. at the Lakehouse Amenity Center Kid Care staff will make a conscientious effort to locate the parent/guardian or the emergency contact listed on the registration document before any action will be taken. If it is not possible to locate the emergency contact listed, I will accept the expense of emergency medical or surgical treatment.

Signature of Parent of Legal Guardian

Date