

KENLEY SCHOOL

KENLEY AFTER SCHOOL TUTORING PROGRAM REGISTRATION

STUDENT INFORMATION:

Name of Applicant _____ M ___ F ___

Street Address _____ City: _____ Zip _____

Social Security # _____ Birthdate: _____

Father's Name _____ Occupation _____

Business Address _____ Work Phone _____

Mother's Name _____ Occupation _____

Business Address _____ Work Phone _____

Marital Status of Parents _____ With whom does child live? _____

Legal Guardian of Child _____

Check Appropriate Line: ___ Biological ___ Adopted ___ Foster ___ Other (explain):

Parent Email: _____ Home/Cell Phone: _____

REQUESTED TUTORING SUBJECTS (CHECK ALL THAT APPLY)

- Reading
- Written Expression
- Math
- Other

LIABILITY RELEASE AND WAIVER

As a condition of my child's participating in this program, I, the undersigned do hereby agree to the following:



1434 Matador
Abilene, Texas 79605
325-698-3220

KENLEY SCHOOL

I understand that my child's participation in this program is voluntary and that this program and related activities could expose my child to known, unknown or unanticipated risks of property damage, personal injury and even death. Acknowledging that such risks exist, I hereby release and discharge Kenley School, its director, and employees from any and all claims of liability for bodily/personal injury or property damage my child may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release Kenley School, its director, and employees for any negligence of the School, the program, or the director, or employees of Kenley School relating to the program and any program activities.

Signed _____

Date _____



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