



Inspired By Lewis Youth Mentor Center

Child Registration

1st Child First Name: _____ Last Name: _____

Gender: [] Male [] Female Date of Birth: _____ Grade: _____

Please list any medical conditions, current medications, special accommodations, or allergies your child has: _____

2nd Child First Name: _____ Last Name: _____

Gender: [] Male [] Female Date of Birth: _____ Grade: _____

Please list any medical conditions, current medications, special accommodations, or allergies your child has: _____

Mother/Guardian First Name: _____ Last Name: _____

Address (street): _____ City: _____ State: ____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Employer Name: _____ Parent Email _____

Work Address: Street _____ City: _____ State: ____ Zip: _____

Father/Guardian First Name: _____ Last Name: _____

Address (street): _____ City: _____ State: ____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Employer Name: _____ Parent Email _____

Work Address: Street _____ City: _____ State: ____ Zip: _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other _____

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other _____

T-shirt Size: _____ Y-Small _____ Y-Medium _____ Y-Large _____ Y-XLarge



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EMERGENCY CONTACTS

The following people are emergency contacts and may pick up my child:

1st Contact First Name: _____ Last Name: _____
Address: Street _____ City _____ State _____ Zip _____
Phone: _____ Relationship to Child _____

2nd Contact First Name: _____ Last Name: _____
Address: Street _____ City _____ State _____ Zip _____
Phone: _____ Relationship to Child _____

3rd Contact First Name: _____ Last Name: _____
Address: Street _____ City _____ State _____ Zip _____
Phone: _____ Relationship to Child _____

Transportation Agreement

I, _____ agree to have my listed child/children transported by Inspired By Lewis. If my child/children will not be transported on any given day of the program, I agree to notify Inspired By Lewis ahead of time. My child is to be transported from Inspired By Lewis for camp fieldtrips at a time determined by the center and will return to the center no later than 3:30pm the same day.

Medical Authorization

Should the listed child/children suffer an injury or illness while in the care of Inspired By Lewis and Inspired By Lewis is unable to contact me immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. I shall assume responsibility for payment for services. In the event of a medical emergency, we use WELLSTAR KENNESTONE HOSPITAL located at 677 Church St, Marietta, GA, 30060- 770-793-5000

Inspired By Lewis's Emergency Procedures:

1. Call Emergency Medical Services.
2. Contact Parents.
3. If parents are not reached move on to emergency contact list.
4. Have medical team transport my child to hospital if needed with copies of all medical information we have.
5. Documentation and let parents know the current status. Child's

Parent/Guardian Signature _____ Date _____

Facility Administrator Signature _____ Date _____



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PAPRENTAL AUTHORIZATION

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Medication:		
Prescribed Medications	<input type="checkbox"/>	<input type="checkbox"/>
Over The Counter Medication	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Applications:		
Antibiotic Cream	<input type="checkbox"/>	<input type="checkbox"/>
Insect Repellent	<input type="checkbox"/>	<input type="checkbox"/>
Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display photos on company website	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on company's social media outlets	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Promotional videos	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Video Games & Movies		
Rated M Games (i.e. Called Of Duty)	<input type="checkbox"/>	<input type="checkbox"/>
PG-13 films	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent or Guardian

Date

Signature of Administration

Date



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Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date



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Policies and Procedures

Operating Hours

Monday-Friday
Camps: 9:00am – 4:00pm (Before & after hours available)
Social Skill Class: 2:30pm – 6:30pm

Tuition and Payments

Social Skills Class

K-Middle
\$100/week
\$40/Day

School Breaks & Summer Camp

K-Middle
\$175/week
Daily Rate \$60
10% sibling discount

Additional Fees

\$50 Annual Registration fee per family
\$25 Returned check fee
\$10 Before or/& after-hours fee
\$25 Deposit For Camps

Please initial next to each item:

- It is my responsibility to update Inspired By Lewis on any changes related to child/contact information.
- I understand that students will be engaging in physical activities including the use of equipment, and other miscellaneous activities. The student is voluntarily participating in these activities and parent assumes all risks of injury to the student which may result. Parent do hereby waive any claim or right to sue Inspired By Lewis, employees or volunteers for injury to student.
- I understand there is a \$25 returned check fee.
- Payment is due to Inspired By Lewis in advance of camp and paid on the first day of the week.
- I understand that Inspired By Lewis, LLC. is not a daycare but rather a local community center and that its intent is to teach life skills as well as character development. Inspired By Lewis ASP's intent is to provide tutoring assistance and activity for after school hours.
- I understand that a \$25 deposit must be made in advance of camp and is non-refundable.
- I understand that if my child misses a day, payments and are non-refundable.
- I understand that there is a \$10 charge per day for before or/& after hours.

Parent/Guardian Signature _____ Date _____

Facility Administrator Signature _____ Date _____