



ISD 728 Community Education-EdVenture Club

Family and Child Information Form

Full Name of Child _____ **Current Grade** _____ **Gender** _____

Birth Date ____ - ____ - ____ **Age** ____ **Attends School at** _____

EdVenture Club Site Attending _____

Please list & describe any special needs of your child such as behaviors, health or medical concerns, allergies, medications, etc. _____

(Note: As a District 728 program, our Community Education Edventure Club staff can share any necessary information with other district staff that will assist them in providing the best experience for your child.)

Primary Account 1 _____ **Home Phone** _____

Relationship to Child _____ **Child Lives With Primary 1** Yes _____ No _____

Email Address _____ **Cell Phone** _____

Home Address _____

City & Zip _____

Employer _____ **Work Phone** _____

Primary Account 2 _____ **Home Phone** _____

Relationship to Child _____ **Child Lives With Primary 2** Yes _____ No _____

Email Address _____ **Cell Phone** _____

Home Address (if different then above) _____

City & Zip _____

Employer _____ **Work Phone** _____

In the event of an emergency and we are not able to reach a parent/guardian, please provide the name and phone number of at least **one** but not more than **four** authorized individual emergency contacts/authorized drop off-pick up for your child.

Name and Relationship to Child (Must be 18 years of age)	Telephone Number	
		<input type="checkbox"/> Authorized to Pick Up <input type="checkbox"/> Emergency Contact
		<input type="checkbox"/> Authorized to Pick Up <input type="checkbox"/> Emergency Contact
		<input type="checkbox"/> Authorized to Pick Up <input type="checkbox"/> Emergency Contact
		<input type="checkbox"/> Authorized to Pick Up <input type="checkbox"/> Emergency Contact

Return Form to: Community Education, 1170 Main St., Elk River, MN 55330

Fax 763-241-3521 Phone 763-241-3544

Email: edventureclub@isd728.org Website address: <https://www.ezchildtrack.com/728communityed/parent>



Parent Compliance Agreement
EdVenture Club

**THIS FORM MUST BE ON FILE AT COMMUNITY EDUCATION IF ONLINE
“EZCHILDTRACK” WAS NOT USED FOR REGISTRATION.**

Yes No *I have read, understand and agree to abide by the policies stated in the District 728 Community Education EdVenture Club-Parent Handbook and will support the work of the staff in following these same rules/procedures on site. **Content may become inaccurate as a result of developments after the program year begins. In the event of any policy change, parents will be notified by email or telephone.*

Yes No *My child may have his/her picture and/or name in publications, presentations, newspaper articles, brochures, social media (including Facebook) and other related publicity promoting District 728 Community Education programs.*

Yes No *My child may have supervised use of the computer and internet as part of the District 728 Community Education EdVenture Club enrichment program.*

Yes No *I agree to allow the staff to apply sunscreen (spray only) and/or insect repellent (spray only) as needed (parent provided). If your child has a medical condition and cannot use these products, please note the medical section of this form.*

Yes No *I agree to allow my child to join in supervised walks or attend scheduled bus trips/outings both on and off District 728 property with the class as part of the program.*

Yes No *I understand and agree that cancellations will be made with EdVenture Club office staff by email or in person by 9:00am Thursday of the week **prior** to planned attendance change/cancellation in order to receive a credit or refund. Emails will include my student’s name(s) and the dates and/or type of care that I am cancelling, as well as my contact information. I understand cancellations received after the deadline are not eligible for refund, credit or transfers. Additionally, any changes resulting in additional charges must be submitted using the paper calendar form and include the appropriate payment. I also understand **same-day or same-week cancellations are not refundable, regardless of circumstance (illness, death in family, family emergency, hospitalizations, etc.)**.*

Yes No *I understand that this is a pay-in-advance program. Minimum schedule and payment is 1 week paid in advance, by the deadline. I may choose to schedule more than 1 week at a time. I understand that only those who have fully paid in advance for their week(s) by the deadline will be considered registered and may attend. I further understand that late schedule/payment may not be accepted if sites are full or if the registration deadline has passed.*

Furthermore: I understand that all schedule/payment requests received after the deadline will be automatically placed on a wait list, regardless of the reason for late registration. Once the deadline has passed, staffing is solidified for students scheduled by the deadline and, if there is available space for my student, I will be notified of approval and attendance options.

I understand that ISD 728 School District and Community Education cannot be held responsible for unforeseen circumstances or events that may occur during this time. I understand that the Community Education staff will use their best judgment and training in providing a safe experience for all participating students while leading all activities.

Parent/Guardian Name: _____

Signature: _____ **Date** _____