

**HASSAYAMPA ELEMENTARY**  
**KINDERGARTEN AFTER-SCHOOL CARE**

251 SOUTH TEGNER STREET  
WICKENBURG, AZ 85390  
(928) 684-6750 • (928) 684-6791 FAX  
[www.wickenburgschools.org/HES](http://www.wickenburgschools.org/HES)



**APPLICATION FORM – child must be a currently enrolled kindergarten student at Hassayampa Elementary School.**

**Please Print:**

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian's name: \_\_\_\_\_ Day phone number: \_\_\_\_\_

Mother/Guardian's name: \_\_\_\_\_ Day phone number: \_\_\_\_\_

In the event of an emergency, please contact the following if mother and father cannot be reached:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

List any allergies (food, medication, etc.)  
\_\_\_\_\_

Please list any special needs or accommodations that your child requires:  
\_\_\_\_\_  
\_\_\_\_\_

I/we hereby release and forever discharge Hassayampa Elementary School, part of Wickenburg Unified School District, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants and employees, and any and all other persons, firms or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation in this program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damage, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. I/we give permission for me and my child to be videotaped or photographed by staff employees to be used at the site for activities and for any program advertisements for the school. This waiver does not extend to any such claim or liability that is caused by the sole and exclusively intentional acts or gross negligence of the school or its officers, employees, or agents.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Progress to Success!*