



School Year: 2022 - 2023

DreamWorks Pre-K Academy is a faith-based program designed to strengthen four-year-old student's academic, classroom, and social skills. Child must be four by August 31st, 2022.

Your child's complete application packet will include copies of all documents below:

- _____ This Fully Complete Application Form
- _____ A Copy of Child's Birth Certificate
- _____ A copy of Shot Record and Last Wellness Check
- _____ Proof of Residency (example- utility bill, insurance card, driver's license)

Students Information- Please complete each line and print clearly

First Name: _____ Middle: _____ Last: _____

Complete Address:

Street: _____ City: _____ State: _____ Zip: _____

Mailing Address if Different: _____

Age: _____ (must be 4 by 8/31/2022-there could be some adjustments)

Birth Date: _____ Female: _____ Male: _____

Ethnicity(check one): _____Hispanic/Latino _____Non-Hispanic/Latino

Child lives with:

Both parents _____, Mother _____, Father _____, Other _____, Foster Parent _____

Legal Guardian or Legal Custodian (attach legal documents)

Did the child attend childcare at 3 years of age? _____

If yes, please state place of care _____

Who cares for this child during the day now? _____ (List childcare/parent/caregiver)

Does your child have a chronic health condition, or a significant health concern diagnosed by a doctor? _____ (yes or no)

If yes, please explain _____

Does your child have an active IEP? _____

Does your child receive support services now for speech, a special need or disability? _____

Do you have concern about your child's development (learning, speech, hearing, or behavior)

_____?

Please list and give the relationship of who lives in the household. Print Clearly.

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

Please tell us a little about your child. What motivates them? What do they like? What do they not like? Are they social or more introverted? Do they require positive reinforcement for motivation?

Please list who is eligible to pick up your child.

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Please list any allergies or medications your child is on.

Does your child attend church anywhere? If yes, where do they attend?

Legal Parent/Guardian:

Signature: _____ **Date:** _____



In consideration of the risk of injury while participating in any and all physical activities and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Dream Works Bladen and Foundation Church, located at 1001 W. Broad Street and 909 S. Popular Street, Elizabethtown, North Carolina 28337, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instructions. The sudden and unforeseen, malfunctioning of any equipment. Our instruction, training, supervision or dietary recommendations. You're slipping and/or falling while in the building or on the premises, including adjacent sidewalks and parking areas. Contact with other participants. The effects of the weather, including high heat and/or humidity; and all other such risks being known and appreciated by me.

I grant permission for Dream Works Bladen and Foundation Church, and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me or members of my family, for the purposes of publication, promotion, illustration, advertising or trade in any manner or in any medium. I hereby release DreamWorks Bladen and Foundation Church, and its legal representatives for all claims and liability relating to said images or video's.

Furthermore, I give permission for the participant to ride the Bladen County Released Time Bus that will be used to transfer individuals to different locations for said Academy program, provided through Dream Works Bladen Inc. and Foundation Church

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE DREAM WORKS BLADEN AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST DreamWorks Bladen FOR PERSONAL INJURY OR PROPERTY DAMAGE.

Participant's Name: _____

Guardian Name: _____

[Signature] _____

[Date] _____