

Early Drop Off Registration Form

Student: _____
Grade: _____ Teacher: _____ Age: _____
Parent(s): _____
Address: 1814 Euclid Ave., Charlotte, NC 28203
Contact Phone# _____
Emergency Contact: _____

**Contact Beth Kelly to arrange early drop-off by emailing her at bkelly@kentacademycharlotte.com or sending a text to 704-930-9632. You will need to submit registration and payment to her no later than the morning for which drop - off care is needed. You may drop your child off any time between 8:00 and 8:30. The cost is a flat rate of \$10.00.
* Drop off earlier than 8:00 available by request. Fee is \$15.00.**

I wish for my child to participate in Early Drop Off at Kent Academy, 1814 Euclid Avenue, Charlotte, NC 28203. I expressly assume any and all risks of injury or death arising from or relating to the activities and waive and release any and all actions, claims, suits, or demands of any kind or nature whatsoever against Kent Academy or the property owners, its affiliates, contractors, vendors, officer, agents, sponsors, volunteers, or representatives of any kind (collectively "Releases") arising from or relating in any way to my child's voluntary participation in these activities. I understand that the waiver, Release, and indemnification agreement means, among other things, that if my child is injured or dies as a result of participation in these activities, I and/or my family heirs cannot under and circumstances sue releases or any of them for damages relating to or caused by child's injury or death. I agree to indemnify Releases or any of them, and their subrogees. if any, in the event of any loss, damage or claim arising from or relating in any way to participation in any of the activities. I also hereby grant Kent Academy the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Kent Academy. I have read this Waiver, Release, and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning and execute it freely, without duress, and in full, complete understanding of its legal effect, and of the fact that it may affect my legal rights. I am the parent or legal guardian of the child whose name appears above. I have read and understand this Waiver, Release. And Indemnification Agreement, and consent on behalf of the Participant to its terms.

Parent Signature: _____ **Date:** _____

To be completed by Early Drop-Off teacher:
Paid: check# _____ Cash: _____ Date paid: _____