KidzXL Registration Forms
"After-School Program" and/or "Summer Camp"
2026 - 2027

Child's Name:_____Current Grade: _____

Parent's Name:_____

APPLICATION CHECK LIST:

- ❒ Registration Fee - $50 per family (One-time for the school year)
- ❒ Tuition Fees - $55.00 per week;
  (and/or $90.00 per week for Summer Camp)

REGISTRATION PACKET COMPLETE

- Financial Agreement
- Registration Information
- Permission for Contact form
- Transportation Agreement
- Health Information Form
- Photography Permission
- Policies and Agreements
- Emergency Contact Information

- ❒ IMMUNIZATION FORM (blue form from school)
- ❒ BIRTH CERTIFICATE of child
- ❒ PARENT PICTURE ID
- ❒ *All* ATTACHED FORMS ARE COMPLETE

KidzXL
3801 SW 97th Ave Miami, FL 33165
Office Phone**:** ***305.221.1404***
Executive Director Phone: ***Abner Reyes 786.708.1346***
Program Director Phone: Kevin Vallejos 305.915.8092

***KidzXL* accepts children of all abilities.**

After-School KidzXL 2025-2026

Starting August 14 • 2:00 pm to 6:00 pm • $55 per week
Summer Camp Starting June 8 • 7:30am – 6pm $90 per week

KidzXL will be in session when Miami-Dade Public Schools are in session. ***KidzXL*** WILL BE open Teacher Planning Days and Spring Break, but NOT during Winter Break.

Child's Name: _____

Student's Enrollment Date: _____/_____/202__

Parents: Please read, acknowledge, and sign your agreement to the enrollment of your child in view of the following rules, guidelines, and programmatic procedures of ***KidzXL***:

1. ***KidzXL*** requires that enrolled students attend ***KidzXL*** at least four (4) days every school week.
2. Students will read for 30 minutes every day during the hours of our program.
3. Students will be required to participate in physical fitness activities.
4. Students will be placed in an age-appropriate group with an instructor and will be taught the Bible at least once a week.
5. If a student receives a detention at their school, on that same day when they come to ***KidzXL***, we will require that they complete EXTRA homework and / or EXTRA special projects.
6. If a student refuses to cross the street from OHES, a ***KidzXL*** staff member will leave that student at the OHES office, parents will be notified, and that student may be suspended from ***KidzXL*** for one school day.
7. ***KidzXL*** is a NO CURSING / NO FIGHTING program. If a student consistently breaks this policy, the student may be suspended from the program.
8. OHES Students enrolled at ***KidzXL*** must meet in front of OHES when dismissal bell rings and the principal releases them.
9. Parents must give the ***KidzXL*** Director two (2) weeks' notice if they are withdrawing their child from our program.

Parent Signature: _____ Date: ____/____/202__

- Speak to us if you require a SCHOLARSHIP due to financial hardship

CHILD INFORMATION FORM

Child's Last Name_____, **First** _____ **Middle** _____

Child's Date of Birth (mo/day/yr) ☐☐ ☐☐ ☐☐☐☐ **Child's Gender** ☐ Male ☐ Female

Last 4 Digits ONLY of Child's Social Security# ☐☐☐☐ ☐ No SSN or ☐ Prefer not to Give

Miami-Dade County Public School ID# ☐☐☐☐☐☐☐ **Mandatory for applying**

Child's Current School _____

Is your Child Proficient in English? ☐ Yes ☐ No

Other Language(s) Spoken in the Home ☐ Spanish ☐ Haitian-Creole ☐ Other_____ ☐ None

Street Address _____ **City** _____ **ZIP Code** _____

Child's Ethnicity ☐ Hispanic ☐ Haitian ☐ Other

Child's Race (select only one) ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American
☐ Pacific Islander ☐ White ☐ Other ☐ Multiracial

Child's Current Grade ☐☐

Does Child Have Health Insurance (ex., private insurance, KidCare, Medicaid)**?** ☐ Yes ☐ No
(If not, we may be able to help you find affordable coverage-call 211 or visit www.thechildrenstrust.org)

Parent or Primary Guardian (full name) _____

Primary Guardian Email _____

Primary Phone ☐☐☐ ☐☐☐ ☐☐☐☐

We want to get to know your child better so we can provide the best possible experience in our programs. Please tell us more about your child... What are the main ways your child communicates? (Mark all that apply)

- ☐ Speaks and is easily understood
- ☐ Speaks but is difficult to understand
- ☐ Uses sign language
- ☐ Uses communication devices like pictures or a board
- ☐ Uses gestures like pointing, pulling or blinking
- ☐ Uses sounds that are not words like crying or grunting

What, if any, help does your child receive at this time? (Mark all that apply)

- ☐ Speech/language therapy
- ☐ Occupational therapy (OT)
- ☐ Physical therapy (PT)
- ☐ Daily medication (not including vitamins)
- ☐ Special education services in school
- ☐ Behavioral therapy or services
- ☐ Counseling for emotional concerns
- ☐ None

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

- ☐ Physical disability or impairment
- ☐ Medical condition or illness
- ☐ Hearing impairment or deaf
- ☐ Visual impairment or blind
- ☐ Speech or language condition
- ☐ Autism spectrum disorder
- ☐ Developmental delay (only if under age 5)
- ☐ Learning disability (school-age)
- ☐ Problems with attention or hyperactivity (ADHD/ADD)
- ☐ Problems with depression or anxiety
- ☐ Problems with aggression or temper
- ☐ Intellectual/developmental disability (over age 5)
- ☐ None of the above

If you marked "None of the above" on the question above, please skip the next two questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? ☐ Yes ☐ No

To support your child's successful participation in this program, in what areas might s/he need extra assistance? ☐ No specific help needed

- ☐ Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- ☐ Sports or physical activities like running or other gross motor tasks
- ☐ Managing feelings and behavior
- ☐ Academic, learning or reading activities
- ☐ Adapting activities to take into account a visual or hearing impairment
- ☐ Using assistive device(s) like a wheelchair, crutches, brace or walker
- ☐ Personal services like help with feeding, toileting or changing clothes
- ☐ Other _____

Please tell us anything else you think it is important for us to know about your child and upon necessary additional information, we may provide you with an individual assessment and/or interview of your child to better serve your family and give the appropriate support that is needed.

_____

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE _____ **DATE**___/_____/202__

FOR STAFF USE ONLY (*MUST BE COMPLETED*)

ORGANIZATION_____ SITE_____

POPULATION MEMBERSHIP (check all that apply): ☐Dep Syst ☐Delin Syst

Medical Health History /Authorization and Release Form

Child's Name:_____ Birthdate: _____ Date of Last Physical Examination: _____

Does your child have any ALLERGIES? ☐ Yes ☐ No *(If yes, please list)* _____

_____

Illnesses: *(please circle)*

Does your child have any problems with any of these?

Constipation	Convulsions
Diarrhea	Fainting Spells
Frequent Colds	Frequent Ear Infections
Lice	Frequent Sore Throats
Urinary Problem	Stomach Upsets

Has your child had any of these diseases?

Asthma	Bronchitis
Chicken Pox	Diabetes
Heart Disease	Hepatitis
Measles	Tuberculosis
Mumps	Polio
Skin Rash	Whooping Cough

Is your child currently taking any medications? ☐ Yes ☐ No *(If yes, please list)*

_____

Other ILLNESSES *(besides above)* _____

Has your child been HOSPITALIZED? *(explain)*_____

Has your child had INJURIES with fractures or loss of consciousness? *(explain)* _____

Any other members of your family with SERIOUS ILLNESS recently? _____

Any other members of your family with history of: ASTHEMA _____ DIABETES _____ EPILEPSY _____

INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:

In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of ***KIDZXL*** *SPORTS* to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event that said physician is not available at any time, I authorize such care and treatment to be performed by licensed physician or surgeon. THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS RESULT OF THE FOREGOING.

Physician's Name: _____Telephone #:_____

Hospital of Choice: _____Name of Medical Insurance:_____

Name of Insured: _____Policy #:_____ Group #: _____

Insurance Contact Telephone #: _____

Parent Signature: _____ Date:_____

Release Agreement

I hereby release, forever discharge and agree to hold harmless ***KidzXL*** and the ***KidzXL*** Sports Camp, After School Program, its directors, employees and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify the above mentioned ***KidzXL*** and the ***KidzXL*** Summer Sports Camp, After School Program, its directors, employees, and volunteers, for any liability sustained by said organization(s) as the result of the negligent, willful or intentional acts of the below named child, including expenses incurred attendant thereto.

I, _____, parent or legal guardian of _____ *
(Guardian's Name) (Child's Name)

Herein authorize the adult sponsor of ***KidzXL***, ***KidzXL*** Summer Camp Sports Camp and After School Program to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment on the advice of any physician or surgeon licensed to practice in the state of treatment, when need for such treatment is immediate and when efforts to contact me are unsuccessful.

Signature of Parent of Guardian _____Date_____/_____/202__

KIDZXL SPORTS: Policies and Agreements

Please Initial Each Policy Statement

LATE POLICY

_____ IF YOU ARE GOING TO BE LATE PICKING UP YOUR CHILD/CHILDREN, PLEASE CALL ***KIDZXL*** AT 786.257.6282.

_____ PLEASE NOTE that there may be a **LATE FEE IMPOSED** for CHILD/CHILDREN PICKED-UP AFTER 6pm.

_____ PLEASE BE ADVISED THAT ***Kidz XL*** MAY NOTIFY THE DEPARTMENT OF CHILDREN AND FAMILIES IF YOUR CHILD/CHILDREN ARE NOT PICKED UP BY 8:00pm.

Written Policy for recurring behavior problems
Written Policy for accident / injury reports

1. An incident report will be written for all: **1) student behavior problems; 2) accidents or injury; 3) parent concerns.** At the time of pick-up, the parent must sign the incident report signifying that they have read and understand the contents of the report.
2. After the third behavior incident report, the parents or guardians will meet with the ***KIDZXL*** SPORTS staff worker to discuss and determine a plan of action.
3. If a fourth incident report is written concerning the same behavior problem, a second group meeting will be scheduled with the staff worker, Parent and a ***KIDZXL*** SPORTS program leader.
4. Students may be suspended or expelled for behavior problems that have been noted on numerous incident reports and unresolved over two meetings with a staff worker.

_____ _____/_____/202__
Parent / Guardian Signature

Voluntary Consent for *KidzXL* Photography: I consent to allow the taking of photos or videos of my child and/or me during program activities. Any photos/videos may reveal my child's and/or my identity without any compensation paid to my child, to me or to others. All photos and videos shall be the sole property of ***KidzXL* Sports** and may be used for educational and/or promotional purposes.
Please circle one: YES NO

EMERGENCY CONTACT INFORMATION

Child's Name: _____

Father's Name: _____

Mother's Name:_____

Guardian's Name: _____

Street Address: _____Apt.# _____

City: _____State: _____ Zip:_____

Father's
Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Mother's
Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Will both parents be allowed to pick up the child?_____

I/We hereby certify that I/we have legal responsibility for this child.

Signature of Parent/Guardian: _____

Emergency Contacts:

Your child will be released ONLY to the custodial parent or legal guardian and the persons listed below. Be sure to include the non-custodial parent if they are allowed to pick up your child. ***The following people are authorized to be contacted and to pick up the child in case of illness, accident, emergency, behavioral problems if the parent cannot be reached:***

_____
Name Address Work# Home#

_____
Name Address Work# Home#

_____
Name Address Work# Home#

_____
Name Address Work# Home#

FIELD TRIP RELEASE FORM

For and in consideration of being allowed to participate in the field trips this program year (2025-2026), I, in full recognition and appreciation of the dangers and hazards involved in such activities, do hereby agree to assume all risks and responsibilities surrounding my child's participation in this event and do hereby release and hold harmless La Vina del Senor Inc., DBA ***KidzXL*** (***KidzXL***), its Trustees, Board Members, Directors, and Employees, and participants from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees) claims, judgments, actions or causes of action as a result of any loss or injury to the person enrolled in ***KidzXL*** during or arising out of activities of the above described event and during transportation to and from such event.

I understand that ***KidzXL*** does not, in any manner, serve as principal, agent, or partner of any travel agent or commercial carrier which may provide services to the participants. I have read and understand this release and voluntarily sign this document and allow my child to participate in these series of trips.

I have read and understand this release and I voluntarily allow my son/daughter to participate in this event.

_____/_____/202__ Parent / Guardian Name _____

CONSENT TO ADMISSION AND TREATMENT

In the event of injury to the undersigned, born on_____/_____/_____, Social Security #_____ (Last 4 Digits), I hereby authorize ***KidzXL*** or representatives thereof to admit my child to a facility for emergency medical treatment as may be deemed necessary to my health or welfare.

I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release ***KidzXL***, its trustees, board members, and employees from any and all claims arising from my admission to such facility or from such treatment administered by such facility.

Persons to contact in the event of as emergency are listed below.

_____/_____/202__ _____

DATE PARENT GUARDIAN NAME

In the event of an emergency, please contact:

_____ _____ _____

NAME TELEPHONE

_____ _____ _____

ADDRESS

La Vina del Senor Inc., dba KidzXL

Client Confidentiality Policy

KidzXL has established this policy to guide its client record-keeping processes and, in so doing, protecting its client's information, as well as the integrity of ***KidzXL*** as a trusted agency. The purpose of this policy is to ensure that ***KidzXL*** follows all standards and laws in regards to the safekeeping of the client's confidential information.

The following list gives examples of a client's confidential information:

1. Medical Information
2. Driver's License
3. Social Security Card / Number
4. Passport
5. Birth Certificate

The above list is not exhaustive.

The following operational principles have been established so as to uphold the client's confidential information:

All of a client's confidential information will be filed in a filing cabinet that is kept locked, unless opened by the permitted people. If opened, the filing cabinets must be locked upon completion of use.

The only people permitted to have access to the filing cabinet are the executive director, the program director, and the administrative director.

If confidential documents are scanned and sent to the computer, those documents must be deleted after printing. There should be no confidential documents saved in the computer. All confidential client documentation must be kept in hard copy format, filed, and locked.

There may be legitimate requests for data from law enforcement officers. However, confidential information should not be given out without a valid warrant or without the approval of the Executive Director and/or Board of Directors.

Inappropriate use of privileges to access and use administrative data may result in disciplinary action, loss of access to the system, and possible sanctions up to and including dismissal.

Please sign and date below signifying that you have read and understand the above policy for the intention of safe-guarding your child's confidential information.

Signature of Parent/Guardian: _____

_____/_____/202__