



**Building  
Futures, LLC**

*Building Family Relationships, Success & Self-Esteem*

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**Kid Empowerment: Smashing ANTs  
After School Registration Form**

**SCHOOL** \_\_\_\_\_ **GRADE&TEACHER** \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_

**ALLERGIES/MEDICAL CONDITIONS:** \_\_\_\_\_

**PARENTS/GUARDIANS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_

**EMERGENCY** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**MY CHILD WILL BE PICKED UP BY:** \_\_\_\_\_ **OR WILL ATTEND AFTERCARE** \_\_\_\_\_

**CHECK #** \_\_\_\_\_ **OR CONFIRMATION #** \_\_\_\_\_

***Please make check payable to Building Futures, LLC***

I waive any right to claim against Building Futures LLC, owner, teacher, my child's school, and PTA in the event of an accident, injury or loss of personal items. I agree that any photographs or video taken of me and/or my child or testimonial given may be used for promotional, educational and/or publicity without any compensation or prior approval. Session refund is only available with 1 week advanced notice before the session begins. I understand it is my responsibility to pick up my child from the designated area at the designated end time unless other arrangements have been made.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date