



After School Program Student Registration



CHILD INFORMATION:

Check one: Full Time Drop In

Name: _____

Grade: _____

School : _____

Date of Birth: _____

Check One: Male Female

Home Address:

Street City Zip:

Who does child Live with? Both Parents Mom Dad Other

Father/Guardian's Full Name: _____

Address (If different from Child's): _____

Place of Employment and Occupation: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Email Address: _____

Mother/Guardian's Full Name: _____

Address (If different from Child's): _____

Place of Employment and Occupation: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Email Address: _____

Persons, Other Than Above Mention Parents/Guardians Authorized To Pick Up Child:

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Anyone who has permission to pick up your child must know your Family Code Word(s).

Family Code Word(s) _____

Health Information: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____

Street Address: _____ Phone Number: _____

Preferred Emergency Care Provider: _____

Dental Care Provider: _____ Phone Number: _____

Health Insurance Provider: _____

Primary Person on Health Insurance: _____

Member or Group ID for Health Insurance: _____

Certificate of Immunization: ___ Yes ___ No ___ N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc. and/or takes the following medications on a regular basis:

Please list other information such as, discipline, child's communication, unusual fears, family dynamics that we may need to be aware of: _____

Contract Agreement:

Please check the following:

___ I fully acknowledge and understand the fees and payment schedule, and will make all payments in a timely fashion. I also understand that a two-week non-payment of tuition will result in suspension of child until payment received. In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment for such care or treatment. I understand that participation in any afterschool program that involves games, playing, and children involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in this program. I understand that this participation is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the First Baptist Church of Lexington, it's staff, volunteers, related parties, or other organizations associated with this program from any and all claims or liability arising out of this participation.

___ Permission is granted to administer Children's Tylenol if I am unable to be reached and his/her temperature is over 101.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Today's Date: _____