

TCS MIDDLE SCHOOL EXTENDED DAY

Student _____ (Last) (First) (Middle)

Birth Date ____/____/____ Grade _____ Sex _____

Father's Name _____ Cell _____

Mother's Name _____ Cell _____

Home Phone _____ Email _____

Home Address _____
(Street) (City) (Zip)

Names of Student's Sibling(s) _____

Sibling Grade Levels _____

Will siblings be attending Agape and/or MS Extended Day - YES NO

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

HospitalChoice _____ Phone _____

Please list any conditions your student has that may require special attention on while in our care:

Allergies: _____

Medications: _____

Physical Conditions _____

Other: _____

Please list all persons to whom student may be released in an emergency or for regular pick up: *Note- We reserve the right to ask for identification credentials.

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

I hereby give my consent for my child to participate in the TCS aerschool health procedures. This means that my student will receive emergency care at school, including monitoring for communicable diseases. In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist listed above, and to follow his or her instructions. If it is impossible to contact this physician or dentist, the school may make whatever arrangements necessary to provide care and treatment for my child. In the event the persons listed above cannot be reached, school personnel have my permission to transport the child to the nearest emergency room and I will be responsible for emergency medical service fees.

In case of accident or illness where emergency treatment of my child is not indicated, but where he/she is unable to remain in aer school, I request that the school contact my spouse or I to arrange transportation for my child. If the school is unable to contact me or my spouse, I understand that one of the persons listed above will be contacted and requested to take care of my child unl I can be reached.

It is my understanding that my child is covered by my own medical insurance and I will not hold Trinity Christian School, its staff members, the employees, or staff members of Trinity Fellowship Church responsible or at fault in the event of an accident.

I understand that it is my responsibility to notify the school of any changes in the information recorded above and to provide the school with any information if there are any custody restrictions involving my student.

I hereby acknowledge that by signing this form I agree to be responsible for any and all charges that are billed to me by The TCS Middle School Extended Day Program.

Father's Signature _____ Date ____/____/____

Mother's Signature _____ Date ____/____/____

**** If a student would like to attend an after-school event (i.e. ballgames, fine arts events, etc.), they must provide a written note via email or hand-wrien on paper. For any questions or concerns, contact Paige Whitaker at paige.whitaker@tcsliions.org**