

AFTERSCHOOLCARE

Registration Form



Ages 4 Years through 8th Grade

Student _____
 (Last) (First) (Middle)

Birth date ____/____/____ Grade _____ Sex: _____

Father's Name: _____ Cell _____

Mother's Name: _____ Cell _____

Home Phone _____ Email _____

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

Mailing Address _____
 (Street) (City) (Zip)

Names of student's siblings: _____

Physician's Name - _____ Phone _____

Dentist's Name - _____ Phone _____

Hospital Choice - _____

Phone _____

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

Allergies	Medications	Physical Conditions	Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all persons to whom child may be released in an emergency or for regular pick up:

*Notes-We reserve the right to ask for identification credentials. No child five or younger will be released without a car seat.

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

I hereby give my consent for my child to participate in the Agape Center's After School health procedures. This means that my child will receive emergency care at school, including monitoring for communicable diseases. In case of accident or serious illness, I request the church to contact me. If the church is unable to reach me, I hereby authorize the church 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 church may make whatever arrangements necessary to provide care and treatment for my child. In the even the persons listed above cannot be reached, church 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 after school, I request that the church contact me or my spouse to arrange transportation for my child. If the church is unable to contact me or my spouse, I understand that one of the persons listed above will be contacted and requested to care for my child until I can be reached.

It is my understanding that my child is covered by my own medical insurance and I will not hold The Agape Center, its staff members or 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 church of any changes in the information recorded above and to provide the school with any information if there are any custody restrictions involving my child.

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 The Agape Center's After School Program.



Father's Signature _____ Date ____/____/____

Mother's Signature _____ Date ____/____/____