

EAST HILL BAPTIST WEEKDAY CHILDREN'S MINISTRIES



BEFORE & AFTER SCHOOL PROGRAM

2017-2018



(1) Child's Name _____ DOB: _____ Age _____

Sex _____ School _____ Grade entering Aug 2017 _____

Please list any allergies, physical limitations, or behavioral/emotional concerns: _____

(2) Child's Name _____ DOB: _____ Age _____

Sex _____ School _____ Grade entering Aug 2017 _____

Please list any allergies, physical limitations, or behavioral/emotional concerns: _____

Doctor's Name _____

Father's Name _____

Address _____

Place of Work _____ Work # _____ Home# _____

Email _____ Cell # _____

Mother's Name _____

Address _____

Place of Work _____ Work # _____ Home# _____

Email _____ Cell # _____

Child lives with: Mother and Father Mother only Father only Other _____

Primary Contact for any concerns regarding your child: _____

List any additional people who are allowed to pick up your child from After School Program:

List any people, who under any circumstances, may NOT pick up your child from After School Program:

List at two local people who will be available to assume responsibility for your child in an emergency if parents cannot be reached (REQUIRED BY DCF)

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Important Note: Parents or Legal Guardians are required to disclose any physical, emotional, or behavioral limitations, needs, or concerns about their child in writing prior to registration. The Program's Administration reserves the right to deny your registration if it is determined our program is not suited or staffed to meet your child's needs. Failure to disclose information will result in forfeiture of fees and deposits previously paid if your child is dismissed from the program for reasons described above or in the Parent Handbook.

*If any information on this or any other documentation is found to be false, it could result in the denial of your child's registration.

I understand that despite the many safety precautions taken, my child could incur minor, serious, or fatal injuries while attending the Before & After School Program, and I grant my permission for the Before & After School Program staff or employees of East Hill Baptist Church to seek medical attention and/or take my child to an emergency room or medical facility for treatment.

Please read and initial each of the following statements required by DCF.

- I have read, understand, and agree to support the policies and procedures described in the *Parent Handbook*. _____(initials)
- I have read, understand, and agree to adhere to the *Fee Policies*. _____(initials)
- I have read and understand the discipline policy and agree to support these guidelines. _____(initials)
- I have read, understand, and agree to adhere to the security policies and procedures. _____(initials)
- I have received a copy of the Child Care Facility Brochure, "Know Your Child Facility". _____(initials)
- I give my permission for photographs and video of my child to be used on the East Hill Baptist Weekday Children's Ministries website (www.easthillweekday.com) and on any media distributed by East Hill. (initial) YES _____ NO _____
- I give my permission for my child to participate in food activities: cooking, birthdays, special events (initial) YES _____ NO _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

—OFFICE USE ONLY—

Registration Fee (\$50.00 per family)

EHBC Member

Attended Summer Camp 2017

ADR Only

Circle week(s) paid for at time of registration (if applicable):

CHILD (1) _____ Before After Before/After Bus Rider

CHILD (2) _____ Before After Before/After Bus Rider

TOTAL DUE WHEN REGISTERING = \$ _____

Form of Payment: _____

Staff Initials: _____