

New Life After School Program

**ENROLLMENT FORM
2011-2012**

Child's Name: _____ DOB: __/__/__

Gender: M F Grade _____

Address _____ ZIP _____

Mother's Name _____

Address (if different) _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Father's Name _____

Address (if different) _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Legal Guardian's Name _____

Address (if different) _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

With whom is child living? Mother Father Both Other:

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name: _____

Relation to child: _____ Home phone: _____

Work phone: _____ Cell phone: _____

Child's Name _____

Check days attending:

- Tuesday**
- Thursday**
- Both**

***New Life After School Program
Pick-up Authorization Form***

Child's Name _____

Parent/Legal Guardian _____

Please list any individual you wish to authorize to pick up your child from our program this school year. If you need to make changes to this list, please contact us and keep the list current. Appropriate ID must be shown at pick up.

	<u>Name</u>	<u>Phone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Please list any individual NOT authorized to pick up your child from the after school program.

- 1. _____
- 2. _____

I, _____, attest that I have filled out the above information. I understand that I must give prior notice to New Life if anyone other than the above listed individuals is to pick up my child.

Parent Signature _____ **Date** _____

***New Life After School Program
Activity/Transportation/Photo Release***

I, _____, the undersigned parent or legal guardian of _____, do hereby give my permission for my child to participate in the scheduled activities of New Life After School Program. I understand that my child will be transported from Lakewood Elementary to New Life Lutheran Church on a Norwalk Community School bus. Furthermore, I hereby release and discharge New Life Lutheran Church, and its authorized representatives, board members, council members, and professional or volunteer staff from all liability of any kind which might be asserted in behalf of said minor or to myself against the aforementioned church, its authorized representatives, board members, council members, and professional or volunteer staff, absent of gross negligence or willful and wanton misconduct. Finally, in the event of an accident or medical emergency, if the said staff or representatives are unable to contact me as legal guardian, I hereby grant permission to said staff or representatives to administer necessary first aid, and/or take said minor to the nearest medical facility for additional medical treatment.

I give New Life Church permission to photograph my child participating in the After School Program activities and use those photographs in promotional materials for the program. _____ (Please initial)

Parent Signature _____ Date _____

***New Life After School Program
Parent Handbook Acknowledgment***

I, _____, the undersigned parent/guardian of _____, have received and reviewed the parent handbook for the New Life After School Program. I agree to/understand the following:

- I understand the rules and regulations of the New Life After School Program and will help my child to follow them.
- I understand that if I have any questions about the rules and regulations and how they are applied, I may ask a staff member at any time.
- I understand that if my child will not be there on a day he/she is expected, I will notify New Life Lutheran Church by 1:00 p.m. on that day.
- I understand that if my child does not get off the bus on a day he/she is expected that New Life After School staff will notify me at a designated number.
- I understand that the New Life After School Program provides a snack as part of the program, and that I will notify the staff of my child's food allergies.
- I understand that my child will not be allowed to leave the building unless I, or a person I have designated ahead of time, have signed him/her out.
- I understand that I must provide written authorization in order for New Life After School staff to dispense medication to my child.
- I understand that it is my responsibility to keep my child's records current to reflect any significant changes as they occur.
- I understand that I will be informed of any incidents, including illness, injury, exposure to communicable disease, and behavioral problems, that include my child.

Parent Signature _____

Date _____

*New Life After School Program
Health Form*

Child's Name _____ **DOB** ___ / ___ / ___

Physician's Name _____ **Phone** _____

Dentist's Name _____ **Phone** _____

Insurance Carrier _____

Policy # _____

Known Allergies (Food, Drug, Insect, etc)

Current Medications (Name of medication, dose, reason taken)

If my child has a minor issue, such as headache, I give New Life staff permission to give children's over-the-counter medication such as Tylenol or Advil to my child.

(Parent signature) _____

Please include a copy of your child's current immunization record.

***New Life After School Program
Emergency Medical Information***

Child's Name _____ **Date of Birth** _____

Address _____

Father's Name _____

Home Phone _____ **Work Phone** _____

Mother's Name _____

Home Phone _____ **Work Phone** _____

Person to notify in an emergency if parents cannot be reached:

Name _____ **Phone** _____

Child's Doctor _____ **Phone** _____

Child's Dentist _____ **Phone** _____

Medical facility the child uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if New Life cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ **Date** _____