

**ENROLLMENT FORM**  
***New Life After School Program***  
**2017-18**

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.**

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 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 \_\_\_\_\_

## *Health Form*

**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) \_\_\_\_\_

### *Emergency Medical Information*

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Parents** \_\_\_\_\_

**Phone numbers to notify in an emergency** \_\_\_\_\_

**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)** \_\_\_\_\_

