

New Vineyard Community Development Center After-School Program

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ **First Name:** _____

Gender: Female Male **Age:** _____ **Date of Birth:** _____

School: _____

Grade attending year 2016-2017: _____

Home address: _____

City: _____ **State/Province:** _____ **Postal/Zip Code:** _____

Country: _____ **Telephone:** _____ **cell:** _____

Parent email: _____

(Include area code with telephone)

Mother's name: _____ **Father's name:** _____

Mother's day phone: _____ **Father's day phone:** _____

Mother's cell: _____ **Father's cell:** _____

Persons authorized to pick up your child(ren):

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Other Dismissal Arrangements _____

Emergency contact*: _____ **Relationship:** _____

Phone Number: _____

Specify any of your child's health problems or allergies: _____

Is your child on any medication? No Yes If so, please specify: _____

Payment Plan: Choose 1 payment plan that is best for you.

_____ **Option 1:** Weekly payment plan (Due on Monday of each week)

_____ **Option 2:** Biweekly (due on the 1st and 15th of each month)

_____ **Option 3:** Monthly (due on the 1st of the month)

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

Administrative Use Only:

Date of Enrollment: _____ Date of Dismissal:

Date to Begin Picking up child _____

Amount of Deposit paid: \$ _____ Fee paid \$ _____ Staff Initials _____

EMERGENCY MEDICAL RELEASE FORM

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem necessary.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

Parent/Guardian Signature: _____ Date: _____

PHOTO CONSENT FORM

____ I grant permission for my son/daughter to be photographed during 2016-2017 school year. I further agree that these photos (still and moving) may be used in a variety of contexts to spotlight the New Vineyard Community Development Center program, including flyers and websites, bulletin boards and newsletter, news releases for community newspapers, and the Evangelist purposes, etc.

____ I don't grant permission for my son/daughter to be photographed.

Child's Name _____

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO PICK-UP FROM SCHOOL

This waiver form is to give a staff member of the New Vineyard After-School Program permission to pick up your child at their school and to transport the child to the Center. To facilitate this process, you need to give your school information to allow pickup by New Vineyard After-School Program staff. New Vineyard CDC After- School Program staff will make every effort to ensure the safest and

most direct possible route between the school and the Center and will make every reasonable effort to ensure the safety of your child during transport.

Parent/Guardian

Signature _____ Date _____

LIABILITY RELEASE STATEMENT

Child's Name _____

This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, New Vineyard Church and persons of any liability against personal losses of you/your child.

Please read the following statement and sign below.

I / We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the student named above, a minor, and have given our consent for him / her to attend New Vineyard CDC (hereafter the "Event") being organized by New Vineyard CDC. I / We understand that there are inherent risks involved in any event, and I / we hereby release New Vineyard Church, New Vineyard CDC its employees, its agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my / our child's involvement with the Event. In the event that he / she is injured while attending the Event and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which a physician and / or hospital personal refuses to administer without my / our consent, I / we hereby authorize the Program leaders, or another adult leader designated by him / her, to give consent for me / us, and I / we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I / We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

I / We give permission for my child to participate in all afterschool activities at New Vineyard CDC for the school year 2016-2017.

Parent/Guardian

Signature _____ Date _____