

**EFFORT BAPTIST CHURCH
AFTER SCHOOL**

7820 Thomas Jefferson Parkway, Palmyra, VA 22963
(434) 589-8962
(434) 589-0799 (Fax)

Registration 2009/2010

Child's Name _____	Name Used _____
Date of Birth _____	Sex _____ Grade _____
Child's Name _____	Name Used _____
Date of Birth _____	Sex _____ Grade _____
Child's Name _____	Name Used _____
Date of Birth _____	Sex _____ Grade _____

Mother's Name _____
Home Address _____ _____
Mother's Employer _____
Home Phone _____ Cell Phone _____
Work Phone _____ E-Mail _____
Father's Name _____
Home Address _____ _____
Father's Employer _____
Home Phone _____ Cell Phone _____
Work Phone _____ E-Mail _____
Marital Status of Parents: _____
Child Lives With: _____ Mother _____ Father _____ Other _____

Please provide any background information that would help us serve your child. This includes, but is not limited to, medical needs, special education needs, and allergies. It is our goal to provide care to all children, however, we are not staffed to accommodate children with profound needs. We reserve the right to not accept children that we are not qualified to serve.

REQUIRED: Completion of “Certification of Immunization” Form (attached). A copy of the immunization record signed or stamped by a physician or designee indicating the dates of administration including month, day and year of the required vaccines shall be acceptable as long as the record is attached to this form.

How is your child disciplined in the home?

Religious Preference _____ Church Attending _____

In Case of Emergency (Please Read Carefully):

In case of emergency or sudden illness, the parents will be the first to be contacted. For times we are unable to contact you, we ask that you please list the names of persons that would assume responsibility for your child. Please notify them that you have given us permission to contact them. In case we are unable to reach anyone, we will continue to try to make contact. If, however, the situation is emergent and it is unfeasible to continue trying to make contact, we will work with your physician regarding the care of your child.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Physician's Name _____ Phone _____

Authorization for Pick-up:

The following persons listed below are allowed to pick my child up from the after school program. List all names other than parents. Our policy is very strict concerning this so please inform the office if changes need to be made. Picture identification will be required for student release.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Prior day care, programs, and schools attended. Provide name and location (city/state).

1. _____

2. _____

3. _____

4. _____

Permission to Participate

I grant permission for my child to participate in all activities and to use any and all of the play equipment available.

_____ Yes

_____ No (Please specify: _____)

Photograph/Video Release

I grant permission to Effort Baptist Church to take video or photograph recordings of my child. I understand that these may be used for promotion, marketing, advertising or training purposes. The video/photograph footage will not violate the rights of any organization or person. I hereby hold Effort Baptist Church harmless from any and all present and future claims for compensation.

_____ Yes

_____ No

Transportation Consent

I grant permission to designated employees of Effort Baptist Church to transport my child(ren) to the After School Program and on special field trips as communicated.

_____ Yes

_____ No

