

Before:	<input type="checkbox"/>
After:	<input type="checkbox"/>
Both:	<input type="checkbox"/>

2018-2019 Before and After Care Membership Enrollment Form

Personal Information

Child's First Name	Middle	Last
Address	City	Zip
Home Phone number	DOB	Age
Primary Parent Email		

Medical Information

Doctors Name and Phone Number	Permission for treatment by Dr/ Hospital
List Health Problems/ Allergies	Is your child currently on medication? (explain)
List accommodations/assistance your child may need to be successful:	

Emergency Contact Information

Mother/Guardian Name:	Cell Phone:
Father/Guardian Name:	Cell Phone:
Additional Contact/ Pick u:p	Cell Phone:
Additional Contact/ Pick up:	Cell Phone:

Additional Contact/ Pick up:	Cell Phone:
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Is there anyone NOT authorized to pick up your child?

Terms and Conditions: Please initial that you have read each paragraph.

_____ **Rules& Code of Conduct:** I agree to review the rules, Code of Conduct and consequences with my child. I understand that before/ aftercare can be suspended or revoked should behavior warrant such action.

_____ **Payment and Late Fees:** Payments are due the first week of the month. Drop in fee is due the day of service. Please adhere to the program hours, you will be charged \$1 per minute, for not picking up your child at the designated closing time. A late fee of \$15 will be applied if not paid within two weeks, and care will be suspended until payments are made. Please understand that repeated offenses can result in termination of before or aftercare services.

_____ **Photo Release:** you give your permission for your child to be photographed and or videotaped for promotional materials:

_____ **Medical Care:** In the event that you are not able to be reached, if your child has been injured or needs medical attention/treatment you authorize Christ Lutheran's Before and After Care Staff to obtain medical or hospital care on an emergency basis, and you will be financially responsible for such care.

Parent/ Guardian Signature: _____ Date: _____