

Fellowship After School Care



@ Fellowship Presbyterian Church
2005 New Garden Road
Greensboro, NC 27410

2010 – 2011 Registration Form

Child's Name _____

Address _____

_____ Zip _____

Child's Age _____ Birth Date _____ Grade (Fall 2010) _____

School attending for 2010 - 2011 year _____

Mother's Name _____

Address (if different from child's) _____

E-mail _____

Mother's Phone Numbers (H) _____ (W) _____ (Cell) _____

Father's Name _____

Address (if different from child's) _____

E-mail _____

Father's Phone Numbers (H) _____ (W) _____ (Cell) _____

Emergency Contacts _____ Phone _____

_____ Phone _____

****OVER****

Child's Physician _____ Phone _____

Hospital Preference _____

Food Allergies or other pertinent health concerns _____

List all current medications _____

(Any children who might need to have medications administered during after school hours are required to have a **Medication Consent Form** on file with the school - this form can be completed by a parent when the medication is delivered to the school.)

Please list all persons authorized by you to pick up your child from after school care should you be unable to do so. If an individual who is not listed will be picking up your child, please call the school to let us know that you are authorizing the pick up.

Authorized individual:

Relationship to child:

**A Registration Fee of \$15 per child is required to be returned with this form.
REGISTRATION FEES ARE NOT REFUNDABLE.**

Make checks payable to Fellowship Day School.

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2009-2010 LIABILITY AND MEDICAL RELEASE

This agreement represents that I, the parent or guardian, of _____, will not hold Fellowship After School, Fellowship Presbyterian Church, or their employees or assigns responsible financially or otherwise for any accidents or mishaps that may occur while my child is attending the Fellowship After School Care Program.

If emergency medical treatment is required for my child, and I cannot be reached before treatment is considered necessary, I grant permission for medical treatment to be obtained by the Fellowship Staff. The decision that treatment is necessary will be based on the opinion of a licensed physician.

I agree to notify the Fellowship Staff if there are any changes in my child's medical condition or medication list.

I also confirm that my child is up to date on all immunizations.

Signed _____

Date _____

2009-2010 TRANSPORTATION PERMISSION

(This only applies to those students who will be picked up at school by one of our Fellowship vans.)

This agreement represents that I, the parent or guardian, of _____, do hereby give permission for Fellowship After School, its employees and assigns, to transport my child, the above named student, from the child's school to our church facility. I understand that this permission form is valid for the entire 2009-2010 school year. I understand that these trips will be under the direct supervision of Fellowship After School staff, and that my child will be transported in a Fellowship School owned vehicle.

I will not hold Fellowship After School, Fellowship Presbyterian Church or their employees or assigns, liable for any injury or harm which may accidentally occur to my child while being transported, as described above.

Signed _____

Date _____

