



# FORREST BURDETTE

## CHILDREN'S OUTREACH MINISTRIES

### After-School Enrollment Form

After-School Program 2017-2018

Grade in August 2017:  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

Preferred Days of Attendance:  Full-time (M-F)  Part-time

School Attending \_\_\_\_\_ School Phone Number \_\_\_\_\_

My child is  Returning  Church Member  Sibling  New Student

Child's Full Name \_\_\_\_\_ Sex: M or F (circle)

Name Child Goes By \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Hours of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Hours of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Number \_\_\_\_\_

Email Address \_\_\_\_\_

Legal Guardian (if parents are divorced) \_\_\_\_\_

**IF THERE ARE RESTRICTIONS REGARDING CHILD CUSTODY, PLEASE  
PROVIDE A COPY OF THE PARENTING PLAN FROM YOUR DIVORCE DECREE.**

## Release Form

Name of student \_\_\_\_\_

Special instructions/restrictions concerning releasing your child \_\_\_\_\_

\_\_\_\_\_

List and describe the people who are authorized to pick up your child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Physical Description \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Physical Description \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Physical Description \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Physical Description \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Physical Description \_\_\_\_\_

The first time your child is picked up from the Latchkey Program, we will check the driver's license of that person to verify their identity. If they are included on the list above, your child will be released to them. If they are not listed above, we will need a phone call from the parent/guardian releasing the child to someone not on the list. If the staff does not know this person, we will ask to see his/her driver's license to verify that this person is authorized to pick up your child as per the parent/guardian's phone instructions. These precautions are taken to insure the safety of all the children attending the Children's Outreach Ministries Programs.

Please be prompt in picking up your child. If your child is picked up late, we will send home a late pick-up notice. After this notice, a late fee will be charged for each occurrence.

## Medical Information Form

I, \_\_\_\_\_, parent of \_\_\_\_\_, do hereby give my  
Parent/Guardian Name of student

permission and/or consent for Forrest Burdette Memorial United Methodist Church to secure and authorize such emergency medical care and/or treatment as my child, named above, might require while under the supervision of the said church. I also agree to pay all of the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Physician to contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

In case of an emergency, please list who may be called if the parent(s) can't be reached. (Local Residents ONLY)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Health History

Please check the appropriate health conditions for your child:

Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Emotional Problems \_\_\_\_\_ Food Allergies \_\_\_\_\_

Drug Allergies \_\_\_\_\_ Abnormal: Sight \_\_\_\_\_ Hearing \_\_\_\_\_ Speech \_\_\_\_\_

If you checked yes to any of the above health conditions, please further explain the situation including a management/intervention plan (medication, corrective equipment, therapy):

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Please list any specific limitations concerning activities: \_\_\_\_\_

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Is your child on any medication at the present time? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain including name of medication as well as condition being treated \_\_\_\_\_

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**Permission Form**

I give permission for my child, \_\_\_\_\_, to participate in  
Name of student  
the following events at the After-School Program:

**Pictures/Videos/Audio**

The After-School Program may take pictures or videos of the children during a party, a field trip, or an interesting project. The pictures may be published in a slideshow, newspaper, church bulletin, etc. I give Forrest Burdette After-School Program permission to take pictures or videos of my child.  
Yes\_\_\_\_\_ No\_\_\_\_\_

**Transportation**

The After-School Program may take field trips throughout the school year. The children are transported by Putnam County School buses. I give permission for my child to be transported to and from any field trips.  
Yes\_\_\_\_\_ No\_\_\_\_\_

**Neighborhood Walks**

When the weather permits, the staff will take the children on a walk in the immediate neighborhood. I give permission for my child to go on walks with his/her class. Yes\_\_\_\_\_ No\_\_\_\_\_

**Sunscreen Application**

During warm weather, the children need sunscreen applied before they go outside to play. The parent(s) will be responsible for providing sunscreen for my child. I give permission for the After-School Staff to apply sunscreen on my child as needed. Yes\_\_\_\_\_ No\_\_\_\_\_

**Other**

Siblings (Please list names and ages of brothers and sisters and where they attend school)

\_\_\_\_\_  
\_\_\_\_\_

**I have read and understand the information on the enrollment, medical information, student release, and permission forms. I declare that the information provided on these forms is valid and accurate. If any information should change for my child, I will provide a written update to the After-School Program.**

Signature \_\_\_\_\_

Parent/Guardian

Date \_\_\_\_\_

Office Use Only			
Start Date: _____	Withdrawal Date: _____		
_____ Enrollment Form	_____ Birth Certificate	_____ Immunization Records	
_____ Health Appraisal	_____ Pesticide Form	_____ Meal Form	
_____ Parent & Child Care Center Agreement			
Registration Fee	Date: _____	Amount: _____	Check #: _____