

# VBC AFTER SCHOOL MINISTRY

SAFE + NURTURING + FUN + EDUCATIONAL

Application Date \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

### Registration Application

**Registration Fees: Kindergarten – 5<sup>th</sup> Grade \$30 (Each Additional Child add \$15 up to max of \$60/family)**

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_  
(Last) (First) (MI) (Nickname)

Address \_\_\_\_\_

(ALL registration is non-refundable)

Tuition: 1 day per week= \$10/week, 2 days per week= \$20 per week, 3-5 days per week= \$40 per week \*Must be same days each week!

\_\_\_\_\_ 1 Day per week Attendance    M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

\_\_\_\_\_ 2 Days per week Attendance    M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

\_\_\_\_\_ 3-5 Days per week Attendance    M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

**Family Information:** Child lives with \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (If different from child's) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_ Email address \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (If different from child's) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_ Email address \_\_\_\_\_

Email address to be used for newsletters and billing purposes: \_\_\_\_\_

**Health Care Needs:** For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes \_\_\_\_\_ No \_\_\_\_\_

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. \_\_\_\_\_

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child \_\_\_\_\_

**Church Information:**

Is your child actively involved in a local church? No \_\_\_ Yes \_\_\_

Name of church: \_\_\_\_\_

Name of Siblings:

_____	_____	_____	_____	_____	_____
Name	Age	Name	Age	Name	Age

Please name the last program attended, if applicable \_\_\_\_\_

**EMERGENCY CONTACTS:** Child(ren) will only be released to the parents/guardians above. The child(ren) may also be released to the following individuals as authorized by the parent/guardian signing this application.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

**ENROLLMENT INFORMATION:**

I, the undersigned parent or guardian of the child named above, have received and read the *Viewmont Baptist After School Parent Handbook* and the **NC Child Care Laws** for child care centers. I understand that the After School Director is available to answer any questions I may have concerning these policies.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information:**

Please give any information concerning your child which will be helpful in social, recreational and academic activities.

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

**I GIVE PERMISSION FOR THE FOLLOWING:**

Yes \_\_\_ No\_\_\_ The publication and use of my child's artwork, writing, or photography. This may include media, displays, or website.  
(No additional information will be used.)

Yes\_\_\_ No\_\_\_ My child to be transported by a private or EMS vehicle in the event of a medical emergency.

Yes\_\_\_ No\_\_\_ My child to walk/play outside the fenced in area while supervised by staff.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL CARE INFORMATION:**

Name of Child's Primary Doctor (Facility & Dr Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I, as the administrator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible staff member. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian or full-time custodian.

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

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