# **Indian Creek P.B. Church**

## 2024-2025 Summer Enrichment/After-School Registration

1

Child's Name:	Ας	ge: Birth Date:		
Grade Entering (August 2024):	School:			
Home Address:	City:	State:		
Zip Code: Home Phon	e:			
Mother's Name:		Cell #:		
Mother's Place of Employment:		Work #:		
Father's Name:		Cell #:		
Father's Place of Employment:		Work #:		
1.  Medical Information:		-	(now.)	
Allergies, Nose bleeds, bites, etc ( ) Yes  Name and Phone number of persons to		· 		
·		•		
1. Name: 2. Name:				
Is the above named child covered by ins	surance? ( ) Yes (	) No		
Insurance Company:	Polic	y #		
Name and Phone # of Child's Physician	:			
Permission to seek medical treatment if	unable to reach pare	ent/guardian: ( ) Yes	( ) No	
Person(s) other than parents with permi	ssion to pick up child	:		
1. Name:		Phone #:		
Names and ages of brothers and sisters	::			
1 2.		3		
Parent's Signature:		Date:		

## **Indian Creek P.B. Church**

2024-2025 Summer Enrichment/After-School Registration

# PLEASE SIGN AND RETURN WITH THE REGISTRATION FORMS AND FEE.

- I have received a copy of the After-School Care Program, Intersession and Summer Enrichment policies and agree to comply with all rules and requirements therein.
- I understand that this program does not have any accident/medical insurance on my child/children, and I will assume full responsibility for any and all medical expenses incurred due to injury while in the program.

Child(ren)'s Name(s):

Parent's Signature:
Date:
<ul> <li>I give Indian Creek P.B. Church permission to photograph and/or video my child throughout the 8 week program during class time, chapel and any special activities. I understand the photographs and video may be used for various Church related purposes, including but not limited to, the weekly bulletin, the Church calendar, the Church's website, the summer enrichment closing program etc.</li> </ul>
Child(ren)'s Name(s):
Parent's Signature:
Date:

# Indian Creek P.B. Church 2024-2025 Summer Enrichment/After-School Registration

#### I. Authorization for administering medication

DHR-CDC-1949

#### AUTHORIZATION FOR ADMINISTERING MEDICATION/MEDICAL PROCEDURES

Dear Parent/Guardian,

Your written permission is required to administer medication or medical procedures to your child. Any prescription drug sent to the child care facility must be in its original container and must be clearly labeled with your child's name, name of the drug, and directions for administering the drug. A new authorization form is needed for each new prescription. If it is absolutely necessary for your child to be given medication while at the child care facility, **please complete the following information.** 

cut 14 44 3 7				
Child's Name:				
Prescription Number				
Name of Medication				
Amount of medication to b	be given at each dosage			
Instructions( how to give o	or apply, such as give by mouth, a	apply to skin, inhale, drops in eyes, etc.		
Time and date of last dosa	ge given at home			
Tine(s) of dosage(s) to be given at the child care facility				
Please give my child the above-named medication at the time(s) and in the amount(s) indicated.				
Signature of the parent/guardian Date				
To be completed by licensee/staff/caregiver				
Date medication given	Time medication given	Signature of person given medication		

#### 4

## Indian Creek P.B. Church

#### 2024-2025 Summer Enrichment/After-School Registration

### H. Child's preadmission record

DHR-CDC-1949

Revised 1/06

## CHILD'S PREADMISSION RECORD

This section is to be comple the Child Care Facility (hon			guardian. This form	must be l	kept in the child's file in	
Child's Name:		Name child is	Name child is known by:			
Child's Birthdate:			Child's home	address:		
Name(s) of parent(s)/guar	rdian(s):		Home telepho	Home telephone number:		
Address of parent(s)/guar	rdian(s):					
Mother's employer:		Father's empl	Father's employer:			
Employer's address:		Employer's a	Employer's address:			
Employer's telephone number:		Employer's te	Employer's telephone number:			
List telephone numbers such as beeper, cellular phone, etc.			Instructions regarding how parent/guardian may be reached in an emergency:			
Person(s) to be contacted	in an em	nergency if parent	(s)/guardian(s) ca	nnot be r	reached:	
Name		nship to child	Address		Telephone number	
Name of child's doctor:		Address:		Telepho	one number:	
Emergency Authorization:  I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)  Signature  Date						
		Г	4 111 141 4	, ,	. 1 . 1 . 1	

Form not valid without signature of child's parent/guardian

Page one of two-form not valid without second page

## Indian Creek P.B. Church

### 2024-2025 Summer Enrichment/After-School Registration

5

Describe any special needs or instruction	s below	/ <b>:</b>		
· ·				
Person(s) the child may be released to:				
Name Relationship t	o child		Address To	elephone number
care facility (home or center). The licent cuch activities.	see of	the ch	ild care facility assumes f	ull responsibility for
give permission for my child to participate i		r no ar	nd sign each line)	_
Activities away from the facility:	Yes	No	Signature of parent/guardia	n Date
Transportation provided by the facility:	Yes	No	Signature of parent/guardia	n Date
Swimming/wading activities provided by the facility:	Yes	No	Signature of parent/guardia	n Date
Form not valid without signature	of chil	d's pa	rent/guardian in each space	indicated above.
This section is to be completed by the fac	ility's s	taff.		
Child's first day of attendance:			Child's withdrawal d	ate:

Additional information may be attached

### 2024-2025 Summer Enrichment/After-School Registration

# Indian Creek P.B. Church

#### FORM OF AFFIDAVIT FOR PARENT/GUARDIAN

State of Alabama County of Madison	
Before me, a Notary Public in and for said State and Cobeing duly sworn or affirmed, says the following:	unty, appeared: and is known to me, after
That affiant is the parent or legal guardian of the minor of	child/children:
That affiant has been notified by <b>Reverend Timothy Ra Indian Creek Primitive Baptist Church/School</b> , that sa	aid church or school has filed
notice and is exempt under law from regulations by the I Resources.	Department of Human
Guardian	, Parent/Legal
Sworn or affirmed to and subscribed before me this day	··
Notary Public	My Commission Expires: