

# Indian Creek P.B. Church

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

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade Entering (August 2024): \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

**Email Addresses: (This will be our primary mode of communication, however if you would prefer we communicate in an alternate manner, kindly let us know.)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Medical Information:

Allergies, Nose bleeds, bites, etc ( ) Yes ( ) No If yes, please explain below:

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Name and Phone number of persons to call in case of emergency:

1. Name: \_\_\_\_\_ Primary #: \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name: \_\_\_\_\_ Primary #: \_\_\_\_\_ Cell # \_\_\_\_\_

Is the above named child covered by insurance? ( ) Yes ( ) No

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Name and Phone # of Child's Physician: \_\_\_\_\_

Permission to seek medical treatment if unable to reach parent/guardian: ( ) Yes ( ) No

Person(s) other than parents with permission to pick up child:

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Names and ages of brothers and sisters:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

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## 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: \_\_\_\_\_

- 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.

Child(ren)'s Name(s): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Indian Creek P.B. Church**  
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H. Child's preadmission record

DHR-CDC-1949  
Revised 1/06

**CHILD'S PREADMISSION RECORD**

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).	
Child's Name:	Name child is known by:
Child's Birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number:
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number:	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 emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number
Name of child's doctor:	Address:	Telephone 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

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Describe any special needs or instructions below:


Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

*I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.*

\_\_\_\_\_

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	Yes	No	Signature of parent/guardian	Date
Transportation provided by the facility:	Yes	No	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	Yes	No	Signature of parent/guardian	Date

**Form not valid without signature of child's parent/guardian in each space indicated above.**

**This section is to be completed by the facility's staff.**

**Child's first day of attendance:**

**Child's withdrawal date:** \_\_\_\_\_

**Additional information may be attached**

## 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 County, appeared:  
\_\_\_\_\_ and is known to me, after  
being duly sworn or affirmed, says the following:

That affiant is the parent or legal guardian of the minor child/children:

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

That affiant has been notified by **Reverend Timothy Rainey**, a representative of the **Indian Creek Primitive Baptist Church/School**, that said church or school has filed notice and is exempt under law from regulations by the Department of Human Resources.

\_\_\_\_\_, Parent/Legal  
Guardian

Sworn or affirmed to and subscribed before me this day \_\_\_\_\_..

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires: