## 1

## Indian Creek P.B. Church

## 2023-2024 Summer Enrichment/After-School Registration

Child's Name:	Age:	Birth Date:	
Grade Entering (August 2023): So	chool:		
Home Address:	City:	State:	
Zip Code: Home Phone:			
Mother's Name:	C	Cell #:	
Mother's Place of Employment:		Work #:	
Father's Name:	(	Cell #:	
Father's Place of Employment:		Work #:	
Email Addresses: (This will be our prima prefer we communicate in an alternate m			r if you would
1 2			
Medical Information:			
Allergies, Nose bleeds, bites, etc ( ) Yes ( ) N	o If yes, please expla	in below:	
Name and Phone number of persons to call in call	ase of emergency:		
Name and Phone number of persons to call in Ca	Primary #:		
1. Name:	Primary #: Primary #:		
1. Name:	Primary #: Primary #:	Cell #	
Name:     Name:     Is the above named child covered by insurance?	Primary #: Primary #: P ( ) Yes ( ) No Policy #	Cell #	
Name:     Name:     Is the above named child covered by insurance?  Insurance Company:	Primary #: Primary #: P ( ) Yes ( ) No Policy #	Cell #	
1. Name: 2. Name:  Is the above named child covered by insurance?  Insurance Company:  Name and Phone # of Child's Physician:	Primary #: Primary #:  P ( ) Yes ( ) No  Policy #  o reach parent/guardian	Cell #	
1. Name:  2. Name:  Is the above named child covered by insurance?  Insurance Company:  Name and Phone # of Child's Physician:  Permission to seek medical treatment if unable to the person(s) other than parents with permission to to the permission to the permissi	Primary #: Primary #:  P ( ) Yes ( ) No  Policy #  o reach parent/guardian  pick up child:  Phone #: _	Cell #	) No
1. Name: 2. Name:  Is the above named child covered by insurance?  Insurance Company:  Name and Phone # of Child's Physician:  Permission to seek medical treatment if unable to Person(s) other than parents with permission to	Primary #: Primary #: Primary #:  O ( ) Yes ( ) No  Policy #  o reach parent/guardian  pick up child: Phone #: _ Phone #: _	Cell #	) No
1. Name: 2. Name:  Is the above named child covered by insurance?  Insurance Company:  Name and Phone # of Child's Physician:  Permission to seek medical treatment if unable to the person(s) other than parents with permission to to the permission to the permissio	Primary #: Primary #:  P ( ) Yes ( ) No  Policy #  o reach parent/guardian  pick up child:  Phone #: _ Phone #: _ Phone #: _	Cell #	) No

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

2023-2024 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 throughouthe 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 n 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:

#### 3

# Indian Creek P.B. Church 2023-2024 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.** 

Child's Name:		
Prescription Number		
Name of Medication		
Amount of medication to be given	ven at each dosage	
Instructions( how to give or app	oly, such as give by mouth, apply	to skin, inhale, drops in eyes, etc.
Time and date of last dosage gi	ven at home	
Tine(s) of dosage(s) to be given		
Please give my child the above	-named medication at the time( $s$ )	and in the amount(s) indicated.
	Signature of the	ne parent/guardian Date
To be completed by licensee/sta	ff/caregiver	
Date medication given	Time medication given	Signature of person given medication

#### 4

## Indian Creek P.B. Church

## 2023-2024 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 completed by the child's parent or guardian. This form must be kept in the child's file in

the Child Care Facility (hor			guardian. This form	i iliusi be	kept in the child's	IIIC III
Child's Name:			Name child is	known	by:	
Child's Birthdate:			Child's home	address		
Name(s) of parent(s)/gua	rdian(s):		Home telepho	one numb	oer:	
Address of parent(s)/guar	rdian(s):					
Mother's employer:			Father's empl	loyer:		
Employer's address:			Employer's a	ddress:		
Employer's telephone nu	mber:		Employer's to	elephone	number:	
List telephone numbers s phone, etc.	uch as be	eeper, cellular	Instructions remay be reached		how parent/guar emergency:	dian
Person(s) to be contacted	in an en	nergency if parent	t(s)/guardian(s) ca	nnot be	reached:	
Name		nship to child	Address		Telephone nun	ıber
Name of child's doctor:		Address:		Teleph	one number:	
Emergency Authorization I give permission for the emergency transportation responsible for any emerginstructions must be attack	child car n, for my gency me	child if I cannot ledical expenses ir	be reached immed acurred. (If parent, re the facility is to	iately. I /guardiar	agree to be refuses to sign,	
			Signature			Date
		Form 1	not valid without sid	mature of	`child's parent/oua	ırdian

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

5

## 2023-2024 Summer Enrichment/After-School Registration

Name Relationship to child Address Telephone number  Inderstand that the Department of Human Resources does not inspect activities away from the chime or center). The licensee of the child care facility assumes full responsibility for such activities away from the facility:  (Circle yes or no and sign each line)  Inderstand that the Department of Human Resources does not inspect activities away from the chime or center). The licensee of the child care facility assumes full responsibility for such activities are permission for my child to participate in:  (Circle yes or no and sign each line)  Signature of parent/guardian Date  Address Telephone number  Date of the child care facility assumes full responsibility from the chime or center).  (Circle yes or no and sign each line)  Signature of parent/guardian Date  Viniming/wading activities provided by Yes No Signature of parent/guardian Date	Name Relationship to child Address Telephone number  Inderstand that the Department of Human Resources does not inspect activities away from the clime or center). The licensee of the child care facility assumes full responsibility for such activities are permission for my child to participate in:  (Circle yes or no and sign each line)  Stivities away from the facility:  Yes No Signature of parent/guardian  Date  vinnming/wading activities provided by Yes No Signature of parent/guardian  Date  Form not valid without signature of child's parent/guardian in each space indicated abuse section is to be completed by the facility's staff.	etivities away from the facility:  ansportation provided by the facility:  vimming/wading activities provided by e facility:  Form not valid without some section is to be completed by the facility.	Yes Yes Yes	No No No	Signature of parent/guardian  Signature of parent/guardian  Signature of parent/guardian  hild's parent/guardian in each sparent/guardian	Date Date
Name Relationship to child Address Telephone number  understand that the Department of Human Resources does not inspect activities away from the chame or center). The licensee of the child care facility assumes full responsibility for such activities 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 Yes No Signature of parent/guardian  Date  Form not valid without signature of child's parent/guardian in each space indicated above	understand that the Department of Human Resources does not inspect activities away from the closure or center). The licensee of the child care facility assumes full responsibility for such activities away from the facility:  (Circle yes or no and sign each line)  Activities away from the facility:  Yes No Signature of parent/guardian  Date  Gransportation provided by the facility:  Yes No Signature of parent/guardian  Date  Swimming/wading activities provided by  Yes No Signature of parent/guardian  Date  Form not valid without signature of child's parent/guardian in each space indicated ab	Activities away from the facility:  Transportation provided by the facility:  Swimming/wading activities provided by the facility:  Form not valid without s	Yes Yes Yes	No No No	Signature of parent/guardian  Signature of parent/guardian  Signature of parent/guardian	Date Date
Name Relationship to child Address Telephone number  understand that the Department of Human Resources does not inspect activities away from the change or center). The licensee of the child care facility assumes full responsibility for such activities  (Circle yes or no and sign each line)  Activities away from the facility:  Yes No Signature of parent/guardian  Date  Swimming/wading activities provided by  Yes No Signature of parent/guardian  Date	Name Relationship to child Address Telephone number  anderstand that the Department of Human Resources does not inspect activities away from the chome or center). The licensee of the child care facility assumes full responsibility for such activities away from the facility:  (Circle yes or no and sign each line)  Activities away from the facility:  Yes No Signature of parent/guardian  Date  Gransportation provided by the facility:  Yes No Signature of parent/guardian  Date  Over the child care facility assumes full responsibility for such activities away from the facility:  Yes No Signature of parent/guardian  Date	Activities away from the facility:  Transportation provided by the facility:  Swimming/wading activities provided by the facility:	Yes Yes	No No	Signature of parent/guardian  Signature of parent/guardian	Date
Name Relationship to child Address Telephone number  and a late of the child care facility assumes full responsibility for such activities away from the child care facility assumes full responsibility for such activities away from the child care facility assumes full responsibility for such activities away from the facility:  (Circle yes or no and sign each line)  Activities away from the facility:  Yes No Signature of parent/guardian  Date	Name Relationship to child Address Telephone number  Address Telephone number  Relationship to child Address Telephone number  Address Telephone number  Address Telephone number  Resources does not inspect activities away from the child care facility assumes full responsibility for such activities  (Circle yes or no and sign each line)  Activities away from the facility:  Yes No Signature of parent/guardian  Date	Activities away from the facility:	Yes	No	Signature of parent/guardian	
Name Relationship to child Address Telephone number  understand that the Department of Human Resources does not inspect activities away from the change or center). The licensee of the child care facility assumes full responsibility for such activities  give permission for my child to participate in:  (Circle yes or no and sign each line)	Name Relationship to child Address Telephone number  Address Telephone number  Address Telephone number  Address Telephone number  In the line Department of Human Resources does not inspect activities away from the classical control of the child care facility assumes full responsibility for such activities are permission for my child to participate in:  (Circle yes or no and sign each line)		(Cin			Date
Name Relationship to child Address Telephone number  Address Telephone number  Address Telephone number  But the Department of Human Resources does not inspect activities away from the change or center). The licensee of the child care facility assumes full responsibility for such activities activities away from the change or center). The licensee of the child care facility assumes full responsibility for such activities activities away from the change or center).	Name Relationship to child Address Telephone number  Address Telephone number  Address Telephone number  In the licensee of the child care facility assumes full responsibility for such activities activities are formed as a such activities as a such activities are facility assumes full responsibility for such activities are facility assu	give permission for my emili to participate i		cle ye	s or no and sign each line)	
Name Relationship to child Address Telephone number    Relationship to child   Address   Telephone number	Name Relationship to child Address Telephone number    Relationship to child   Address   Telephone number	rive permission for my child to participate i				
Name Relationship to child Address Telephone number	Name Relationship to child Address Telephone number					
erson(s) the child may be released to:			to child		Address Telepl	hone number

## 2023-2024 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 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 if 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 \_\_\_\_\_...

My Commission Expires:

**Notary Public**