

Indian Creek P.B. Church
2020/2021 After School/Summer Enrichment Registration

Child's Name: _____ Age: _____ Birth Date: _____

Grade Entering (August 2020): _____ **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:

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: _____

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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

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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 on this day _____..

Notary Public

My Commission Expires:

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The facility's representative certifies that the program **is not** receiving federal or state funding, such as but not limited to the Child Care Development Fund (CCDF), Child and Adult Care Food Program (CACFP), and/or the Summer Food Service Program (SFSP).

Signature of Church/School Representative

Date

Printed Name