



REACHING OUR COMMUNITY'S KIDS

REGISTRATION FORM

Train up a child in the way that he should go, and when he is old he will not depart from it.
Proverbs 22:6

Application Date: _____

CHILD'S PERSONAL INFORMATION

Child's Full Name: _____

Child's Preferred Name: _____ Sex: M___ F___

Complete Address: _____

Phone 1 (specify): _____ Phone 2 (specify): _____

E-mail: _____

Date of Birth: _____ Age: _____ Grade: _____ School: _____

Child's Interests or Hobbies: _____

When would you like your child to start? _____

Program To Be Enrolled (Check One):

After School Care Only: _____

Before School Care Only: _____

Before and After School Care: _____

DEVELOPMENTAL INFORMATION

- Please be as detailed as possible in this section. Attach a separate sheet if necessary.

Please note any chronic physical problems and pertinent developmental information and any special accommodations needed: _____

Medical Conditions: _____

Allergies: _____

Treatment Prescribed: _____

Are your child's immunizations current? ____ If not please explain: _____

Are there any foods your child may not eat? If so please list: _____

Does your child have any adverse reactions to medications or other substances? If so please list: _____

List actions to be taken in an emergency situation: _____

Physician's Name, Address, Phone Number: _____

Hospital's Name, Address, Phone Number: _____

PARENT'S INFORMATION

Mother's Name: _____ Ph.#1: _____ Ph.#2: _____

Address: _____

Where do you work?: _____ Phone: _____

How long have you been at this job? _____ Work Hours: _____

Father's Name: _____ Ph.#1: _____ Ph.#2: _____

Address: _____

Where do you work?: _____ Phone: _____

How long have you been at this job? _____ Work Hours: _____

PICK-UP POLICY

Please furnish the R.O.C.K. Club the following information. We will not release a child with anyone unless their names appear on this application. If someone not listed must pick up your child, you must send a note or phone us with a description. **We will ask for proper identification and then release your child.**

I agree that the following people may pick up my child/children. The R.O.C.K. Club staff may release my child/children to the following:

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Is there anyone whom you do not wish to pick up your child? ____ If so, please give name and relationship to child:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

EMERGENCY INFORMATION

In the event of an emergency and you or someone on your approved pick up list cannot be reached, please provide with 2 alternate local contacts. Please notify these contact people that you have put them on the application. This policy is a state law requirement.

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Check here: _____ if you **do not** want your child's photo, image or likeness used in any R.O.C.K. Club promotional materials.

Please feel free to contact the R.O.C.K. Club if you have any questions. Thanks.

Parent's Signature

Date

(Office Use Only) Admission Date: _____ Termination Date: _____