

Please Complete Both Sides Before Returning Application

SCHOOL YEAR ENROLLMENT APPLICATION

Child's Name: _____ Peanut Allergy Yes/No
Last First Middle **(please circle one)**

Name Child Uses: _____ Birth Date: _____ Gender: _____

School Child Attends: _____ Grade: K 1 2 3 4 5 6 7 8 (next year).

Home Address: _____

Street City
Home Phone: _____

State Zip Code

Father's Name & Cell: _____ **NEED**

Mother's Name & Cell: _____ **NEED**

Email Address **NEEDED**: _____

Father's Employer: _____
Name Address Phone #

Mother's Employer: _____
Name Address Phone #

First Presbyterian Church, Gastonia: Member Non Member * (Please Circle One)

Marital Status: Married Single Divorced Separated Widow(er)

Legal Custody, Joint? Yes No * Legal Custody, Mother?: Yes No * Legal Custody, Father?: Yes No
Please List Any Step-Parent Information Below:

List names for permission for picking up below:

Doctor: _____ Dentist: _____
Name Phone # Name Phone #

It is understood and agreed that First Presbyterian Church of Gastonia and staff are hereby released from all claims or financial responsibility arising out of any accident or mishap that may occur in connection with the operation of the school or from illness that may be contracted by the child during the period of enrollment.

If the parent/legal guardian is unable to be reached in an emergency, the school has our permission to obtain medical attention for our child, _____(child's full name) from _____(physician's name and Phone #), or Gaston Memorial Hospital Emergency Room. If ER is deemed necessary, Gaston Emergency Medical Services will transport your child.

_____/_____/_____
Date Parent/Legal Guardian Signature * Signature certifies all the above is true to the best of your knowledge.

OFFICE USE ONLY

Enrollment Date ____/____/____ Date Non-refundable Registration fee received ____/____/____ Amount ____/____/____
Withdrawal Date ____/____/____ Discounts: Church Member _____ Non Church Member _____ Monthly Payment _____

CHILD'S HEALTH HISTORY
(Please Check All That Apply To Your Child)

Is Child Subject To:

- | | | |
|--|---|--|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergic To Insect Stings |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Undue Emotional Outbreaks |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Poison Ivy/Oak | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Attention Deficit | <input type="checkbox"/> Other (Please Specify) _____ | |

HISTORY OF IMMUNIZATIONS

VACCINE	DATE	DATE	DATE	DATE
DPT				
POLIO, ORAL				
VARICELLA				
HEP-B				
MMR				
HIB				

Results of Tuberculin Test, If Given: Type ____ Date ____ Normal ____ Abnormal ____

Does your child have any medical conditions that After School should be made aware of?

Does your child have any known allergies?

Is your child on any special dietary restrictions? _____

Do you have any special request regarding your child's care while at After School?

Does your child have any Chronic or Recurring Illnesses or Physical Limitations?

Please explain: _____

Please list any prescription medicine that will need to be given. _____

List specific activities to be restricted. _____

Please List Emergency Contacts

(Other than Parent, 2 names required)

Emergency Contact 1: _____
Name Phone Relationship to child

Emergency Contact 2: _____
Name Phone Relationship to child

Permission For Riding Bus

My child _____ has permission to go on any outside church activity field trips with the First Presbyterian Church After School Program. In case of an emergency, the leaders have permission to seek medical help for my child as I have instructed on this Registration Form.

Signed: _____ Date: _____

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SUMMER ENROLLMENT APPLICATION

Child's Name: _____ Peanut Allergy Yes/No
Last First Middle **(please circle one)**

Name Child Uses: _____ Birth Date: _____ Gender: _____

School Child Attends: _____ Tee Shirt Size: S M L XL

Home Address: _____
Street City
State Zip Code Home Phone: _____

Father's Name & Cell: _____

Mother's Name & Cell: _____

Email Address **NEEDED**: _____

Father's Employer: _____ **NEED**
Name Address Phone #

Mother's Employer: _____ **NEED**
Name Address Phone #

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Marital Status: Married Single Divorced Separated Widow(er)

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Dear After School Families,

There are times when our After School may be featured in the newspaper or by the television news or on the First Presbyterian Church website (fpgastonia.org). If this should occur we need your permission for your child to be photographed. Please fill out and return this form as soon as possible.

If the names of featured children are requested, only the child's first name will be offered to the press.

I, _____ give my permission for my child, _____ to be photographed for publication.

Date: _____

I, _____ request my child, _____ NOT to be photographed for publication.

Date: _____