

2017/2018
Shepherd of the Hills
Before and After School Program
Summer Camp

Date Enrolled _____ Exit Date _____

Child's Name: _____ Age/Grade _____ D.O.B _____
Address _____ Home # _____
City _____ Zip _____ Male/Female (circle)

Parents/Guardians

Name: _____ Relationship _____
Address: _____ Cell # _____
Occupation _____ Work # _____
Email _____

Name: _____ Relationship _____
Address: _____ Cell # _____
Occupation _____ Work # _____
Email _____

B&A Times & Days Enrolled 6a.m.-8:30a.m./3p.m.-6p.m. **M T W TH F**
Intersession, Kindergarten, Or Summer _____ a.m. - _____ p.m. **M T W TH F**

Registration Fee: _____ **Weekly Tuition:** _____

School Bus Info:

School Attending: _____

Before school bus

Bus Pick-up time _____
Bus # _____
RT# _____

After School Bus

Bus Drop off time _____
Bus # _____
RT# _____

My Child is to be released/received by the B&A School Program according to the information above. I understand that the B&A Program is not responsible for my child while en route. **Initials** _____

Numbers For emergency Contact & Non-Emergency Release

In case of an emergency, and we are unable to contact a parent/guardian, please provide information on additional adults that we may contact. Also, please list people that you give permission to our staff to release your child to.

Name _____ Relationship _____ # _____
Name _____ Relationship _____ # _____
Name _____ Relationship _____ # _____

Signature of Understanding

After filling out this form and reading the "PARENT HANDBOOK", I understand all information giving, that all forms are correct and I agree to follow all terms of the B&A School Care and Summer Camp. **Initials** _____

Summer Camp

Summer Camp includes a number of mandatory activities that will take place throughout the summer. Parents are responsible for the extra cost for these trips and activities when necessary. The summer activities may include, but are not limited to: Vacation Bible School, Know Pool, Roller Rink, Bus Field Trips and Walking Field Trips. We will walk to all local destinations. **Initials** _____

Medical Conditions

Please let the director or teacher know of any special allergies or medical conditions your child may have. This will assist us in being better prepared to handle any emergencies that might arise.

1. Are there any special family circumstances we should be aware of? i.e. Divorce, death, adoption, just moved etc..... _____

2. Are there any special characteristics we should be aware of? i.e. Physical disabilities, learning disabilities, difficulties in hearing or speech, special fears etc..... _____

3. Does your child have any allergies? If yes, what are they? _____

4. Does your child take medication on a regular basis? _____

5. Any other info that might be helpful to us? _____

Consent Forms

The consent forms listed below are to be filled completely, signed and dated. These are designed to assist us in giving your child the best care possible. If you have any questions, please contact Ms. Ashley.

Consent Form 1

I, _____, give my consent to the staff members of the Shepherd of the Hills B&A School Care and Summer Camp Programs to call for emergency medical treatment for my child, _____, If necessary. It is understood that a conscientious effort will be made to locate me. That I the parent/guardian, will pay any expenses that may occur.

Signature of Parent/Guardian

Date

Consent Form 2

I, _____, give my consent to the staff members of the Shepherd of the Hills B&A School Care and Summer Camp Programs, who are trained in first-aid, CPR and AED to administer treatment to my child, _____, should such an emergency arise.

Signature of Parent/Guardian

Date

Child Doctor to be called in case of an emergency

Doctor's Name _____ # _____

Address _____ City _____ Zip _____

Comments _____

Photographs

I agree that my child's picture, not name, may be used in press releases and for promotion of the S.O.T.H. B&A School Care and Summer Camp Programs.

Signature of Parent/Guardian

Date

Turn over