

**House of the Lord Christian Academy**  
**Kidzcare and Early Learning Center Aftercare**

For Office Use Only
Child's Name:
Last _____
First _____

**Registration Form**

Please print clearly with blue or black ink.

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nickname: \_\_\_\_\_

School Child attends: \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address if different from child \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Father's/Guardian Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address if different from child \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone# \_\_\_\_\_ #

Parent/Guardian with legal custody \_\_\_\_\_

Parents are: Married \_\_\_ Living Together \_\_\_ Divorced \_\_\_ Seperated \_\_\_ Widowed \_\_\_ Single \_\_\_

**Emergency Contacts**

Primary Emergency Contact (other than parents or guardian) \_\_\_\_\_

Phone# \_\_\_\_\_ Work # \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Secondary Emergency Contact (other than parents or guardian) \_\_\_\_\_

Phone# \_\_\_\_\_ Work # \_\_\_\_\_

**Pick Up Information**

Person(s) authorized to pick up my child: (besides parents, guardians, or emergency pick-up)

\_\_\_\_\_  
\_\_\_\_\_

Person(s) NOT authorized to pick up my child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Emergency Release**

### *Consent to Emergency First Aid & Transportation:*

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at House of the Lord Christian Academy Kidzcare/ Early Learning Center Aftercare. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold House of the Lord Christian Academy and its employees harmless.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### *Consent to Medical Care and Treatment:*

In the event that I cannot be contacted immediately, medical or surgical treatment may be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold House of the Lord and its employees harmless.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Emergency Information**

1. Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

3. Allergies: \_\_\_\_\_  
\_\_\_\_\_

4. Medication taken on a regular basis: \_\_\_\_\_

5. Special Health conditions: \_\_\_\_\_

## Child Pick-Up Release Form

Please list the names of the people who may pick up your child in the event of emergency or when you are not able to pick them up.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list anyone you **Do Not** want to pick up your child!

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Please try to keep this form current. Please let us know as soon as possible if someone else is picking up your child. We will ask to see ID, so please let said person know to be prepared to show their ID.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Photo Release Form

Please be advised that your child will be photographed or video taped at various school sponsored events. Please read, sign and return form.

\_\_\_\_\_ YES, I give permission for my child's photograph and/or video to be posted on our class website or brochure.

\_\_\_\_\_ NO, my child's photograph and/or video may not be used on the website or brochure.

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(Signature)

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(Date)