

Grace Covenant Community Ministries
After School Program
Registration

In order to insure a space for your child(ren) for September please return registration form with non-refundable registration fee of \$75 per family

Child's Name: _____

Date of Birth: _____

School & Grade in Sept. _____

Child's Address w/zip: _____

Home Phone: _____ Cell Number: _____

Parent/Guardian Name: _____

(Must be the person(s) having legal custody of the child - in case of court ordered situations we must have a copy of the court document ordering said custody. This document must be on file with our program on the first day of your child's attendance.)

Business Name & Address: _____

Business Phone: _____

Are any members of your family a member of First Mennonite Church? _____

Emergency Contacts and those persons who may pick up my child (please list these in the order that they may be contacted in the event of an emergency or if your child has not been picked up at the end of the day.)

Emergency contact #1: _____

Address: _____

Phone: _____ Relationship: _____

Emergency contact #2: _____

Address: _____

Phone: _____ Relationship: _____

Emergency Contact #3: _____

Address: _____

Phone: _____ Relationship _____

My child has the following allergies: _____

In case of allergic reaction, please do the following: _____

Please list any other medical conditions or special needs of your child: _____

Parent/Guardian

Signature: _____ Date: _____

Director Signature: _____ Date: _____

Application received: _____ Registration paid: _____