

Christ the King After School Youth Program

Contact Information

Youth's Name _____ Nickname _____

Date of Birth ____/____/____ Gender ____ Grade ____ Home Phone _____

Address _____

Mother's Name _____ Mobile Phone (____) _____

Employment _____ Work Phone (____) _____

Father's Name _____ Mobile Phone (____) _____

Employment _____ Work Phone (____) _____

Family Status Married Separated Divorced Single

Email _____ Home Church _____

Would you like to receive the Beaver Cross Newsletter? Yes No

By checking this box I have read, understood, and agree to the policies laid out by Christ the King including, and not limited to: payments, scheduling, and parent responsibilities. _____ (initials)

Medical Information

Alternate Emergency Contact _____ Relationship _____

Phone (____) _____ Other (____) _____

Do you have family medical insurance? Yes No Take medicine on a routine basis Yes No

List medication(s) and reason _____

Known Allergies Yes No

List Allergies _____

The person herein has permission to engage in all scheduled activities except as noted by me. In the event of an emergency, I hereby give permission to the medical personnel selected by CtK staff to hospitalize, secure proper treatment for, and to order injections and/or surgery for my above named child. This application has my approval. Photographs in which my child appears may be used for promotional purposes.

Signature of parent or guardian _____ Date _____

Registration Information

Days Attending MON TUE WED THUR FRI

Pick-up Time 4:00 4:30 5:00 5:30 Other _____

Special needs _____

Authorized for pick-up _____