

# 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 \_\_\_\_\_