



Before & After School Program Registration Form 2012



Child's name _____ Grade _____

Street address _____ Zip code _____

Home phone # _____

Parent/Guardian contact information.

Name _____ Phone # _____

E-mail _____

Name _____ Phone # _____

E-mail _____

Emergency contact information.

Name _____ Phone # _____

Relation to child _____

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Select the program(s) and session(s) you are registering for.

_____ Before School Program \$85 per session.

_____ After School Program \$90 per session.

"X"	Session	Dates
_____	1	Jan. 9 – Feb. 3
_____	2	Feb. 6 – Mar. 2
_____	3	Mar. 5 – Apr. 5
_____	4	Apr. 10 – May 4
_____	5	May 7 – May 25

Session payments are due one week prior to the start of the session.

To Register:

1. Completely fill out a registration form for each child attending.
2. Include session payment for the first session child will be attending. Make checks payable to Lincoln Christian Fellowship.
3. Drop off or mail to
Lincoln Christian Fellowship
4111 NW 44th St.
Lincoln, NE 68524
402.470.2300
www.visitlcf.org
Jason Yost

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Medical and Pick up Form

Medical & Food Allergies:

Does your child take medicine on a regular basis? _____ Yes _____ No

If yes, list the medicine and when it is taken.

If medicines are to be administered during program time a Medical Consent form must be signed by parent/guardian. The medicine must be in original bottle with directions clearly stated.

Food Allergies:

Does your child have any food allergies? _____ Yes _____ No

If yes, list the allergy and foods to avoid.

Child Pickup:

Is there anyone who might try to pick up your child(ren), that doesn't have your permission to do so? _____ Yes _____ No

If so, please list their name and relation to child(ren).

Is there any other information that would be helpful for us to know, as we work with your child?

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Permission and Release Form

Please read, sign and date.

Transport Permission: I authorize Lincoln Christian Fellowship (All Star Kids) to transport my child (whether by van, bus, city bus or walking).

Medical Permission: In the event of any emergency, I authorize Lincoln Christian Fellowship (All Star Kids) staff to secure from any licensed hospital, physician, and /or medical personnel, any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Public Release Permission: I authorize Lincoln Christian Fellowship (All Star Kids) to use my child's image, art work, writings, quotations, and accomplishments for the purpose of promotions or public information without obtaining further consent or without prior knowledge of such use. I understand I am to receive no compensation of any kind as result of any recordings, broadcasts, rebroadcasts or other non-broadcast uses thereof, as well as no compensation for use of any artwork, writings, quotations or accomplishments. Lincoln Christian Fellowship (All Star Kids) shall have complete ownership of resultant production using my child's image, artwork, writings and quotations and shall have the exclusive right to make use of such productions as it wishes.

Discipline Policy: I give Lincoln Christian Fellowship (All Star Kids) permission to discipline my child through "timeouts", in house suspension, out of program suspension, and permanent suspension from the program.

Payment Policy: I understand that payments are due one week prior to the start of each session. I am responsible and held liable to pay for all services provided. I understand there will be no refunds of payments made if my child misses any program days. Lincoln Christian Fellowship (All Star Kids) reserves the right to discontinue or refuse service without notice and without refund.

Signature of Parent/Guardian

Relationship

Date