

# LIFE CHRISTIAN ACADEMY

## After School Drop & Tutoring Registration Form

Child's Name (first & last): \_\_\_\_\_ D.O.B. (M / D / Y): \_\_\_\_\_ Age (at time of registration): \_\_\_\_\_ M/F: \_\_\_\_\_

Child's Current School \_\_\_\_\_

Grade Level: \_\_\_\_\_

Allergies / Special Needs / Other Conditions: \_\_\_\_\_ Circle if your child carries an Epi Pen / Inhaler / Puffer

Health Card #: \_\_\_\_\_

Parent/Guardian Name (first & last): \_\_\_\_\_

Parent/Guardian Name (first & last): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Main Contact Information:

H # :( ) \_\_\_\_\_

W # :( ) \_\_\_\_\_

C# :( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Authorized Pick-Up Person (first and last name): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact (first and last name): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### Days and Program(s)

Days:  Monday  Tuesday  Wednesday  Thursday  Friday

Hours:  1hr  1hr  1hr  1hr  1hr  
 2hrs  2hrs  2hrs  2hrs  2hrs

Language(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tutoring Subjects: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Waiver/Consent Agreement:

I authorize Life Christian Academy to act for me according to their best judgment in *any* emergency requiring medical care. I waive and release Life Christian Academy and its associates from any and all liability for any injuries or illnesses incurred while attending the After School Program or/and the Tutoring Program. I understand that I am responsible for any medical expenses incurred for treatment(s). I have provided Life Christian Academy with all necessary medical information, and I can be reached at the number(s) listed. In an emergency, I authorize Life Christian Academy to secure medical care for my child.

**Fees:** If paying by credit card, I authorize Life Christian Academy to charge my account 3% per transaction. All other fees will be paid according to the terms of the invoice provided.

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

A fee of \$25 must accompany this registration form. Please use one form per child.