

New Perth After School Registration

M / F

Child's Name Gender Grade Birthdate Shirt Size

Parent/Guardian's Name Parent/Guardian's Name

Address Address

City State Zip City State Zip

Home Phone Cell Phone Home Phone Cell Phone

Place of Work Work Phone Place of Work Work Phone

Email Address Email Address

Preferred Payment Schedule		Weekly		Biweekly		Monthly
Payment Method		Credit Card		ACH		Check or Cash

Weekly payments are to be made on Monday or each week
 Biweekly payments are to be made on the first Monday of the first week.
 Monthly payments are to be made on the first Monday of the month.

Invoices will be received through email by Square. You may pay with credit card (a 2.9% fee will be added) or ACH (no fee will be added), check or cash.

Others To Whom Your Child May Be Released:

/ /

Parent's Signature Director's Signature Date

New Perth After School Emergency Contact and Health Form

Emergency Contact 1	Relation	Emergency Contact 2	Relation
Phone Number		Phone Number	
Emergency Contact 3	Relation	Emergency Contact 4	Relation
Phone Number		Phone Number	
Doctors Name	Phone	Hospital Preference	
Insurance Company		Policy Number	
Illnesses your child regularly suffers with/ Conditions that would affect participation in activities:			
List any particular fears or unique behavior characteristics your child has:			
Medications Taken Regularly and Dosage:			
List any allergies and the symptoms and type of response required for allergic reactions.			
Are your child's immunizations up to date? _____			
		/ /	

Parent's Signature

Director's Signature

Date

New Perth After School and Summer Camp Permission Form

I have read, understand, and agree to the polices stated in the New Perth After School and Summer Camp 2023 handbook.

Parent's Signature _____ Date _____

I give you permission to use photos of my child, _____, on the church website and/or newsletter.

Parent's Signature _____ Date _____

I do not give you permission to use photos of my child, _____, on the church website and/or newsletter.

Parent's Signature _____ Date _____

I give permission for my child to go on field trips. I release New Perth After School Care and Summer Camp and individuals from liability in case of accident during activities related to New Perth After School Care and Summer Camp, as long as normal safety procedures have been taken.

Parent's Signature _____ Date _____

I do not give permission for my child to go on field trips.

Parent's Signature _____ Date _____

I give permission for the teacher to give my child:

Tylenol or Motrin to reduce fever until child can be picked up or for headaches.

Benadryl for bug bites or allergic reaction.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies **only** in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's Signature _____ Date _____

I give you permission to apply sunscreen and/or bug spray to my child, _____, when needed.

Parent's Signature _____ Date _____

I do not give you permission to apply sunscreen and/or bug spray to my child, _____, when needed.

Parent's Signature _____ Date _____