

THE "ZONE" at ABUNDANT LIFE

PARTICIPATION INFORMATION:

After School Care ___ Summer Camp ___

Child's Name ___ Age (yrs/mos) ___ DOB ___
Social Security Number ___ Sex: m ___ f ___
Mailing Address ___ City ___ Zip ___
Home Phone Number ___
School ___ Grade fall 20 ___
School address ___ Phone ___

RESPONSIBLE PARTIES:

Father's Name ___ Mother's Name ___
Home phone ___ Home phone ___
Work phone ___ ext. ___ Work phone ___ ext. ___
Pager/Mobile ___ Pager/Mobile ___
Responsible Party? Yes ___ No ___ Responsible Party? Yes ___ No ___
Place of Business ___ Place of Business ___
Email ___ Email ___
Legal Guardian (if other than parent) ___
Address/phone ___

PERSONS AUTHORIZED TO PICK UP CHILD/TO CALL IN THE EVENT OF AN EMERGENCY:
(Other than parent; be prepared to show a valid picture ID)

Name ___ Phone: Home ___ Work ___ Pager/Mobile ___
Name ___ Phone: Home ___ Work ___ Pager/Mobile ___
Name ___ Phone: Home ___ Work ___ Pager/Mobile ___
Name ___ Phone: Home ___ Work ___ Pager/Mobile ___

MEDICAL INFORMATION:

Physical illnesses: ___
Allergies: ___
Name of Medication: ___ Dosage ___
Name of Medication: ___ Dosage ___
Name of Medication: ___ Dosage ___
Time(s) of med. Administration ___

All prescriptions must be in original prescription container. If new medications are prescribed, please see staff nurse.

Physician's Name ___ Phone number ___
Dentist's Name ___ Phone number ___

Please list any additional information about your child's health history, behavior and physical, emotional or mental health about which the child care staff should be aware.

Responsible Party's Signature _____

Unless the above information has changed, it is not necessary to fill out a new form each term

Field Trip Authorization

I authorize The Zone to transport my child, _____ on scheduled field trips during my child’s enrollment in the camp. I understand that these field trips may entail transporting my child by school bus, van, or private vehicle at various times. I will not hold The Zone, Abundant Life Ministries, or Abundant Life Church of God or it’s employees liable or responsible in case of an accident.

Medical Release

I understand that in the event of an emergency and The Zone is unable to contact me or the persons named herein, without liability to The Zone, the doctor named herein or the doctor or emergency service most quickly available will be called (911). In the event hospitalization is considered necessary, the hospital most easily accessible will be used. I understand that every effort will be made to reach me or the persons named herein before this authority is used by The Zone.

Signature of Parent or Legal Guardian

Date

MEDICATION WILL NOT BE GIVEN BY THE ZONE UNLESS PROVIDED BY THE PARENT AND WRITTEN PERMISSION IS GIVEN BY THE PARENT/GUARDIAN. (See Medication Sheet)

PARENTAL ACKNOWLEDGEMENT

I understand that I am responsible for payment of each week my child is enrolled in the After School Care or Summer Program. I understand vacation availability. I must give the Administrator a two week written notice if I remove my child from a Zone program. Failure to do this may result in additional fees.

In the event of an accident/death, I am aware that the After School/Summer Program does not provide accident insurance and I will not hold the The Zone, LLC, Abundant Life Ministries, Inc., Abundant Life Church of God, or the staff responsible.

I give my consent for my child to be transported by the After School/Summer Program staff in the Zone vehicles from school to the Zone and/or to and from planned field trips (when applicable).

In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization.

My child has permission to swim during the Summer Program schedule. I would rate my child’s swimming ability as: BEGINNER____ INTERMEDIATE____ ADVANCED____

My child has permission to view movies rated PG and deemed appropriate by the Director.

I understand enrollment may be terminated at the discretion of the Zone Administrator.

I have received a copy of the Care Handbook which outlines the rules, activities, and other aspects of my child’s care while at the After School and Summer Camp programs. I understand and am willing to abide by these regulations.

Parent/Guardian Signature_____ Date:_____