

**Club House After School Program**  
Wakeshma Community Church

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Male  Female

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Current School Attending \_\_\_\_\_

**NAME OF LEGAL GUARDIANS** \_\_\_\_\_

Mother  Step-Mother  Other Guardian

HOME # \_\_\_\_\_ Cell # \_\_\_\_\_

**NAME OF LEGAL GUARDIANS** \_\_\_\_\_

Father  Step-Father  Other Guardian

HOME # \_\_\_\_\_ Cell # \_\_\_\_\_

**EMERGENCY CONTACTS WHEN LEGAL GUARDIAN MAY NOT BE REACHED-REQUIRES 2 CONTACTS THAT ARE NOT GUARDIANS.**

*Name Home phone Cell phone Relationship*

1)

2)

**Authorized people to pick-up child:**

It is imperative that all persons who are authorized to pick up child(ren) (including parents) be listed here.

*Name and Relationship*

1)

2)

3)

Below please list anyone NOT authorized to pick up your child:

1)

**I would like my child to be picked up from school using WCC transportation.**  Yes  No

*If you checked "yes" we will plan to pick your child up every Wednesday of our scheduled Clubs year unless notified by you. You must also notify the school office so they are aware the child will not be picked up by WCC.*

**Before my child participates in other activities I would like them in study hall to make sure all homework is complete.**  Yes  No

*We will be offering tutoring on "as needed" basis you can contact Mindi Hommerding for more information.*

**Approval and Release of Liability**

I am the parent/guardian of the above named child and give my permission for the child to participate in the Wakeshma Community Church Wednesday Night After School Program and its activities which may include (but are not limited to) outdoor play, sports skills, crafts, video games, food, tutoring upon parent request. I give my permission for the child to ride the WCC bus from school or I have scheduled other drop-off.

I hereby release Wakeshma Community Church from any responsibility or liability for injury to the above named child, while participating in a WCC program. In authorizing this, I acknowledge that I am aware of the risks and that I have adequate insurance to protect my child in the event of an injury. I understand that this authorization to allow my child to participate in WCC programs is a waiver of all claims that I, my child, or other family members, or my insurance carrier would have against the WCC its board, employees, program leaders, or volunteers. Wakeshma Community Church agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian must arrange to have the child picked up as soon as possible. Parent/guardian must also inform WCC within 24 hours if any member of the immediate household develops any reportable communicable disease, as defined by the State Board of Health.

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the WCC to order X-rays, routine tests and treatment for my child in the event that I cannot be reached in an emergency, this form may be photocopied.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Medical Authorization form on file?  yes  no

***If no Emergency Medical Authorization form on file, you must complete the form and return it with this registration.***