

# Trinity Wellsprings Church

## THE EDGE BEYOND SCHOOL

ENROLLMENT FORM 2017-2018

Children will not be permitted to participate in any part of the After-school program if this form is not completed, signed and on file at Trinity Wellsprings Church.

Parent must provide a picture of child before enrollment is considered complete.

Attach picture of child here

### Child Information:

Last Name:	First:	Preferred:
Birth Date:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address:		
City, Zip:	School:	
Date Student Begins The EDGE Program:	Grade:	

### Parent Information: **You Must Provide At Least 2 Emergency Contact Numbers**

<b>Parent 1:</b> Last Name:	First:
<input type="checkbox"/> Check if this parent lives at the same address as child, if not complete next two lines	
Street Address:	
City:	Zip Code:
Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorized for Pickup: Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone:	Work Phone:
Cell Phone:	Other Phone:
Employed By:	
<b>Parent 2:</b> Last Name:	First:
<input type="checkbox"/> Check if this parent lives at the same address as child, if not complete next two lines	
Street Address:	
City:	Zip Code:
Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorized for Pickup: Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone:	Work Phone:
Cell Phone:	Other Phone:
Employed By:	
<b>Contact Email Address:</b>	

Suggested Enrollment Fee Donation: \$10      Fall Semester PAID: \$ \_\_\_\_\_ Cash    Check # \_\_\_\_\_  
 \$10    Spring Semester PAID: \$ \_\_\_\_\_ Cash    Check # \_\_\_\_\_

**PLEASE CONTINUE ON THE BACK OF THIS PAGE**

**Program Enrollment Information:**

**IMPORTANT:** Select the type of **Transportation** your child will be using. Transportation is the sole responsibility of the student.

**Parent Drop Off/Pick Up** Estimated time of pick up \_\_\_\_\_ pm  
 (Program ends at 5:30 pm.)

**Bicycle Rider** Time child is allowed to check him/herself out of the program: \_\_\_\_\_ pm (between 5pm and 5:30pm)

My child has my permission to ride his/her bicycle to and from Trinity's After School Program. I understand that my child is required to wear all legally-required safety equipment and lock his bicycle to the bicycle rack while participating in the After School Program. I understand that as the seasons change, sunset will be earlier and if leaving after dark, my child will have the required reflectors and lighting for his/her bicycle.

Trinity Wellsprings Church assumes no responsibility for children and/or their personal property before or after The EDGE After School Program.

**Health Information:**

Special Health Problems that The EDGE staff should be aware of:

Allergies:

Medical Issues:

Other:

Child's Physician:

Phone:

\_\_\_\_\_ **Emergency Medical Release and Authorization** (Please Initial)

- 1) If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Trinity Wellsprings Church EDGE staff to act on my behalf in granting permission for my child to receive emergency treatment.
- 2) I authorize that I am a custodial parent of this child.
- 3) I have read and understand the Program Enrollment Information above.

\_\_\_\_\_ **Website and Communications Permission:** (Please Initial)

- 4) I understand that my child may be photographed or videotaped during normal Trinity Wellsprings church (TWC) activities and these photos/videos may be used in mission, promotional materials or on the TWC Web Page: www.trinitywellsprings.com.
- 5) I have read and understand all policies and procedures stated on this enrollment form. In addition I understand that I am responsible for any changes/updates to the information on this form.

Emergency Contact in case parent cannot be reached: \_\_\_\_\_ Phone \_\_\_\_\_

**Departure Information:**

People on this list are authorized to **pick up** my child. Any changes on this list must be received in-person, in writing. My child will not be released to anyone not on this list. Photo ID will be requested for all persons not known by the staff. **Please list all authorized persons below: (Person must be at least 18 years old)**

Authorized Name	Relationship	Telephone Contact(s)

Emergency Contact, Authorization for Departure Information: I attest that I am a custodial parent of the listed child and the information provided on this form is correct. I am responsible for maintaining and updating current contact and telephone information to this document.

Date:

Signature: