

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/guardian 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: