

20 _____
Connect After School
Summer Connect
A Family Outreach Ministry of Third City Christian Church
Enrollment Form

Child's Name _____ Date of Birth _____ Gender _____

Address _____ Zip Code _____ Phone _____

School _____ Grade _____ Church Affiliation _____

Parent Information:

Father's Name _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Marital Status: (Please Circle) Married Single Widowed Divorced
If Divorced, Parent Having Custody of Child _____

Days your child will attend the program: Circle all that apply
Monday Tuesday Wednesday Thursday Friday 11:30 dismissals Connect Extended

Medical:
Please list any medical condition we need to be aware of, including allergies.

Person to notify in case of emergency or if your child becomes ill:
Name _____ Phone _____
Alternate person who is authorized to pick up your child (sitter, neighbor)
Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by Third City Christian Church for participation in the Connect Program, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Third City Christian Church, the trip sponsors and all personal thereof from any and all liability, claims or demands from personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 year] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation and food for this participant.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activity, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Hospital Insurance Yes No

Insurance Company _____

Policy Number _____

Physician _____

Physician's phone _____

(Type or print name of participant)

(Parent(s) telephone)

Both parents must sign below unless parents are separated or divorced in which case the custodial parent must sign.

Father

Date

Mother

Date

Legal guardian

Date

CHILDREN'S RECORD
Nebraska Health and Human Services System



PARENTS: PLEASE FILL IN ALL BLANKS

Child(ren)'s Name: _____
Enrollment Date: _____

Birthdate(s): _____
Last Enrollment Date: _____

Parent or Guardian's Home Address and Employment Address:

FATHER (or Guardian):

Name: _____
Address: _____
City: _____ Phone: _____

Employer: _____
Address: _____
City: _____ Phone: _____

MOTHER (or Guardian):

Name: _____
Address: _____
City: _____ Phone: _____

Employer: _____
Address: _____
City: _____ Phone: _____

Person(s) to Whom the Child(ren) may be Released by the Caregiver: (if no one, please write "none")

Name: _____
Address: _____
City: _____ Phone: _____

Name: _____
Address: _____
City: _____ Phone: _____

Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot be Reached: (ONE NAME MUST BE GIVEN)

Name: _____
Address: _____
City: _____ Phone: _____

Name: _____
Address: _____
City: _____ Phone: _____

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to _____ Caregiver
to contact Doctor _____ Name of Physician Phone _____
Address _____ City _____ and, if necessary, take my child(ren) to the
following doctor(s), clinics, or hospital _____
Signature of Parent/Guardian _____ Date _____

Transportation Permission

I hereby give _____ permission to transport or
Name of Facility
arrange for transportation of my child _____
Name of Child(ren)

I understand staff will insure that my child(ren) is placed in the appropriate safety restraint as indicated by Nebraska law at all times the vehicle is in motion.

Signature of Parent/Guardian _____ Date _____

Medication Competency Statement

I, _____ have determined
 Parent /Guardian Name _____

_____ competent to give or apply medication to my child(ren).
 Provider/Director _____

Signature of Parent/Guardian _____ Date _____

CHILD'S MEDICAL INFORMATION

Any health problems which caregiver should know: _____

Medication, if any: _____

Allergies, if any: _____

Special Concerns: (Glasses, Hearing Aid, Crutches) _____

Any activities child(ren) should NOT engage in: _____

Company providing health and/or accident insurance coverage: (Optional) _____

Certificate of Immunizations

VACCINE	TYPE OF VACCINE	Dose	Normal Schedule	Date Given			DOCTOR OR CLINIC ADMINISTERING
				Mo.	Day	Yr.	
Polio OPV or IPV		1	2 mo.				
		2	4 mo.				
		3	6-18 mo.				
		4	4-6 yrs.				
DTP/DT/DTaP Diphtheria Tetanus Pertussis		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	15-18 mo.				
Tdap		5	4-6 yrs.				
		1	11-18 yrs.				
Td/Tetanus and Diphtheria Hib Haemophilus influenzae b		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12-15 mo.				
M-M-R		1	12-15 mo.				
		2					
Hepatitis A		1					
		2					
Hepatitis B		1					
		2					
		3					
Varicella Chickenpox date of disease		1	12-18 mo.				
		2					
Meningococcal Conjugate PCV Pneumococcal Conjugate		1					
		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
Rotavirus		4	12-15 mo.				
		1	2 mo.				
		2	4 mo.				
	3	6 mo.					

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian or Physician _____

Date _____