



Christ the King Aftercare & Extended Daycare Program
Application for Enrollment and Authorization for Treatment

Please fill out one form per child. *Registration fee of \$45.00 per child (Registration fee applies to both EDP and Aftercare...if you are using both programs it is \$45.00). This fee is not paid for drop in students.

Please indicate number of days needed on the rate and payment information sheet.

Date: _____
Child's Name: _____ Date of Birth: _____
Grade: _____ Child's Social Security Number: _____
Child's Address: _____ Home Phone: _____

Father's Name (or legal guardian): _____
Place of Employment: _____ Work Number: _____
Cell Phone Number: _____

Mother's Name (or legal guardian): _____
Place of Employment: _____ Work Number: _____
Cell Phone Number: _____

Parent's Marital Status: Married Single Divorced
If divorced, child lives with _____

Any allergies or past or present medical problems? Yes No
(If yes, please explain in detail on back of registration form)

Insurance
Company: _____ ID# _____
Doctor: _____ Phone# _____
Hospital Preference: _____
Emergency Contact other than parent or doctor
Name: _____ Relationship to child: _____
Address: _____
Home phone/cell phone: _____
Hospital Preference in case of emergency: _____

Terms of Agreement

1. I agree to pay my balance on a monthly basis, unless arrangements have been made in writing with the Business Manager, David Stromquist.
2. I agree to pay a registration fee and activity fee at the time of enrollment (registration fee: \$45.00 per child).
3. I agree to pay a late pick-up fee of \$1.00 for each MINUTE if my child is left after 6:00pm.

4. I understand that the EDP Program will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
 5. I understand that the EDP Program will not assume responsibility for a child who does not have all necessary forms filed with the program.

 6. List names of persons authorized to pick up your child: (list any restrictions or additional information)
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In case of an emergency the following steps will be followed:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's doctor.
3. Attempt to contact persons listed on the emergency information you completed.
4. If we have been unable to contact any of the above persons we will:
 - *Call another physician
 - *Call an ambulance
 - *Transport the child to an emergency room in the company of a staff member.
5. Any expense incurred under item 4 will be borne by the child's family.
6. The program will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

THIS DOCUMENT GIVES CONSENT TO ANY HOSPITAL OR EMERGENCY TREATMENT CENTER, DOCTOR OR QUALIFIED EMPLOYEES OF THE SAME TO ADMINISTER NECESSARY TREATMENT AND CARE IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN, SELECTED BY THE ADULT LEADER IN CHARGE, TO HOSPITALIZE, SECURE PROPER ANAESTHESIA, OR TO ORDER INJECTION OR SURGERY FOR MY CHILD.

THIS DOCUMENT ALSO SERVES AS A PERMISSION SLIP FOR ANY WALKING FIELD TRIPS.

THERE WILL BE NO REIMBURSEMENT OF FEES FOR DAYS THAT EDP OR AFTERCARE ARE CLOSED DUE TO SPECIAL EVENTS OR INCLEMENT WEATHER.

EDP will not be open when CKS is closed.

EDP will not be open on Tuesday, Dec. 19th (school dismisses early)

EDP will not be open on May 25th

Parent Signature: _____