

Kids Café After School Program Registration Form

Please return to
First Christian Church
601 Maple St.
Yukon, OK 73099
Email: office@fccyukon.org

Start Date: _____

Childs Name: _____
Last Name
First Name
Middle Name

Childs Date of Birth: _____ Grade: _____ School Attending: _____

Names of Siblings and ages: _____

PARENT OR GUARDIAN INFORMATION

Last Name
First Name
Relationship to Child

Address
City,State
Zip

Home Phone
Cell Phone
Work Phone

Best Way to Reach you in an Emergency (please circle): Home Phone Cell Phone Work Phone

OTHER EMERGENCY CONTACT

Last Name
First Name
Relationship to Child

Address
City,State
Zip

Home Phone
Cell Phone
Work Phone

Best Way to Reach you in an Emergency (please circle): Home Phone Cell Phone Work Phone

Food Allergies: Please list below

AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, **please indicate the name and phone number of any other person(s) who you authorize to pick-up your child on your behalf.** (Photo identification will be required).

Name
Phone Number
Name
Phone Number

Name
Phone Number
Name
Phone Number

MEDICAL INFORMATION

Doctor: _____ Doctor's Phone: _____

Medical Insurance# _____ Child's Personal ID# _____

Allergies: _____ Medical Problems: _____

Medication: _____

EMERGENCY CONSENT

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally , we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child.

I herby give my/our consent for my/our child _____ when ill/injured, to be taken to the nearest emergency center by the staff of First Christian Church/Kids Café Staff when I/We cannot be contacted. I consent to an ambulance being called to transport the child, if necessary. I further agree to pay all costs incurred for transport.

Parent/Guardian Signature
Parent/Guardian Signature
Date