



Living By Faith Ministry
SunWise Child Developmental Center
3906 Pecanwood Drive Oxford, AL 36203
(256) 831-0871

"Happy Hearts Kids Club After-School Program"

August 8, 2011- May 30, 2012
(256) 831-0871

Registration/Release Form

Parents/Guardians please complete the information on this form and return to the office. Please complete a separate form for each child to be enrolled. The hours of operation are: Student transportation- Begins at 2:00 P.M. Sessions begin at 3:30 PM.

Date _____ **Start Date** _____

Child's Name _____ **Birth Date** _____

Address _____ **City** _____ **Zip** _____

Parent/Guardian Information

Address(es) (If different than above)

Mother _____ **Address** _____ **Zip** _____

Father _____ **Address** _____ **Zip** _____

Tele # (Mother) (H) _____ (W) _____ (C) _____

(Father) (H) _____ (W) _____ (C) _____

*Please list below the names of persons to contact in case of an emergency and who are authorized to pick up your child.

Name _____ Address _____

Relationship _____ Tele # _____

Name _____ Address _____

Relationship _____ Tele # _____

Name _____ Address _____

Relationship _____ Tele # _____

Name _____ Address _____

Relationship _____ Tele # _____

Special Instructions:

Medical Information Does child have any medical condition that requires medication(s) during the scheduled time (3:00 P.M- 6:00 P.M.)? **Yes** _____ **No** _____
If yes, please explain and list medications.

Parents must provide a **current Immunization Record**, and a **Medication Release Authorization for Administering Medication** signed by the child's physician. Admission to the program will not be approved until this information is submitted.

Release

1. **I/We** _____, give permission for my/our child to attend the Living By Faith Ministry's SunWise Child Developmental Center "Happy Hearts Kids Club After-School Program" coordinated by In His Image Consulting. I/We agree to not hold Living By Faith Ministry, Inc., SunWise Child Developmental Center, In His Image Consulting, its' principals, consultants, staff or volunteers liable for any accident/injury that may occur during participation in the program.

2. **I/We** agree to permit my/our child to participate in After-School related field trips sponsored by Living By Faith Ministry's SunWise Child Developmental Center and coordinated by In His Image Consulting during the sessions in which my child is enrolled.

3. **I/We** agree to permit my/our child to be transported on the Living By Faith Ministry van from his/her school and to participate in special activities associated with the After-School Program. I/we agree to indemnify and not hold liable Living By Faith Ministry, Inc., SunWise Child Developmental Center, In His Image Consulting, its' principals, consultants, staff or volunteers responsible or liable for any accident/injury that may occur while being transported to/from and during all related activities.

4. **I/We** give permission for my/our child to have photos taken and for the photos to be used as a part of the program in public awareness and advertising forums.

Parent(s)/Guardian(s) _____ Date _____
_____ Date _____

Enrollment Approved by _____ Date _____