



After School Registration Form

Phone: 770-446-9559

Registration Fee: \$100 Non-Refundable

Please check:

Parent Pick-up Times:

3:00pm (NCA only)

4:30pm **6:00pm**

Child's Last Name: _____ First Name: _____

Street: _____ Home Phone: _____

City: _____

Sex:
 M F

State: _____ Zip: _____

Birthday: _____
 Month Day Year

Grade for 2011-2012 School Year: _____

Please check: Yes ___ or No ___ for permission to use photos of your child for advertisement purposes.

Mother's Name: _____ Occupation: _____

Cell #: _____ Wk #: _____

Father's Name: _____ Occupation: _____

Cell #: _____ Wk #: _____

Home E-Mail Address: _____

(Please Print Clearly)

Are parents divorced or separated? Yes ___ No ___

If yes, may either be contacted in an emergency? Yes ___ No ___

May either parent pick up child? Yes ___ No ___

Are you a member of Norcross First Baptist Church? Yes ___ No ___

If no, what is your church membership or affiliation? _____

Number of children in your family: _____

Name: _____ Age _____ Sex _____ (M/F)

Name: _____ Age _____ Sex _____ (M/F)

Name: _____ Age _____ Sex _____ (M/F)

Child's Physician: _____ Phone: _____

Please provide a health form #3231 with your child's immunization record from your child's doctor.
This is a state law and this form must be on file.

Please list any allergies or disabilities your child has:

Allergies: _____ Disabilities: _____

Developmental Delays: _____

Emergency Phone List: Please list persons to contact other than parents if child becomes ill or in case of an emergency. We will always try to contact parents first.

1. Name: _____ Relationship: _____
Home Phone: _____ Cell: _____

2. Name: _____ Relationship: _____
Home Phone: _____ Cell: _____

3. Name: _____ Relationship: _____
Home Phone: _____ Cell: _____

Who will usually pick up your child? _____

Please check school your child will be picked up from to come to our After School Program:

- Berkeley Lake Elementary
New Life Academy - Norcross
New Life Academy - Duluth
Norcross Christian Academy
Simpson Elementary

Norcross Elementary (School bus drops off here)

Office Use Only

Ck#: _____

Date: _____

Amount: _____

AGREEMENT

It is understood that:

A registration fee of \$ 100.00 must accompany this application in order for my child to be placed in the After School program. No registration fees will be refunded.

For the school year, August through May, I agree to pay a monthly tuition of \$ _____ by the 5th of each month or a **20% late fee** will be added. After school tuition payments more than 1 month past due may constitute dismissal. **No refunds will be made for absences.** The school accepts my child as being in normal good health and I will not send my child to school ill. My child will not be released to anyone other than me or those listed under emergency numbers unless I phone or send a note.

Parent/Legal Guardian's Signature _____ Date: _____



Transportation Agreement

This is to certify that I give Norcross Christian Academy After School Program permission to transport my child _____ from the school checked below.
(Name of Child)

- | | |
|---|-------------------|
| <input type="checkbox"/> Berkley Lake Elementary | Pick-Up at 2:45pm |
| <input type="checkbox"/> New Life Academy- Norcross | Pick-Up at 2:50pm |
| <input type="checkbox"/> New Life Academy- Duluth | Pick-Up at 2:50pm |
| <input type="checkbox"/> Simpson Elementary | Pick-Up at 3:20pm |

On these days checked:

- Monday Tuesday Wednesday Thursday Friday

All students will be transported back to Norcross Christian Academy. In the event that my child is not to be transported as outlined above, I agree to notify Norcross Christian Academy at 770.446.9559.

Parent/Legal Guardian Signature: _____

Date: _____



Emergency Medical Authorization

Should _____, _____ suffer an injury or
(Child's Name) (Date of Birth)

illness while in the care of Norcross Christian Academy After School program and the school is unable to contact me immediately, the school shall be authorized to secure such medical attention and care for the child as may be necessary. I shall assume all responsibility for payment of services. I agree to keep the school informed of all changes in telephone numbers, etc. where I can be reached. The school agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Parent/Legal Guardian Signature _____ Date: _____

Home # _____ Work # _____ Cell # _____

Child's Information

Child's Physician: _____ **Phone:** _____

Allergies: _____ **Disabilities:** _____

Known Medical Conditions (i.e. diabetic, asthmatic): _____

The following page

(the Vehicle Emergency Medical Information)

must be notarized before

the packet is returned!



Vehicle Emergency Medical Information

Child's Last Name: _____ First Name: _____

Street: _____ Home Phone: _____

City: _____

Sex: M F

State: _____ Zip: _____

Birthdate: _____
Month Day Year

Mother's Name: _____

Father's Name: _____

Cell #: _____

Cell #: _____

Wk #: _____

Wk #: _____

Emergency Phone List: Please list persons to contact other than parents if child becomes ill or in case of an emergency. We will always try to contact parents first.

2. Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

3. Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Child's Physician: _____ Phone: _____

Allergies: _____ Disabilities: _____

Known Medical Conditions (i.e. diabetic, asthmatic): _____

Current Prescribed Medication: _____

In the event of an emergency involving my child and Norcross Christian Academy After School Program cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian Signature: _____ Date: _____

Sworn and subscribed before me, this _____ day of _____, 20 _____.

Notary Public Signature: _____

My commission expires on: _____ Commission Seal: