



Afterschool Fun Club **REGISTRATION FORM** **2018-19 SCHOOL YEAR**

Child's Information (please print legibly)

Child's Name _____
(Last) (First) (Middle) (Preferred)

Address _____ City _____ Zip _____

Birth Date _____ Age (as of today) _____ Grade to be Enrolled _____ Male _____ Female _____

School Attending _____ Church Attending _____

Parents Are (Circle One): Married Separated Divorced Other: _____

Child Lives With (Circle One): Father Mother Both Other: _____

Family Information (please print legibly)

****Mother/Guardian's Name** _____ Employer _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ ext. _____

Cell Phone _____ Email _____

****Father/Guardian's Name** _____ Employer _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ ext. _____

Cell Phone _____ Email _____

** By initialing below, I hereby acknowledge that the LifeQuest Afterschool Fun Club will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file with the LifeQuest Director that indicates otherwise. **

_____ Parent Initials

Emergency Information (please print legibly)

In case of an emergency, please contact the following first: _____ Mother/Guardian _____ Father/Guardian

Please list the names of two additional people other than yourself to contact in the event of an emergency.

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ ext. _____ Cell Phone _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ ext. _____ Cell Phone _____

I hereby authorize the LifeQuest Afterschool Fun Club to allow the following individual(s) to pick up my child (photo id will be required):

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Persons who are not authorized to visit or pick up my child:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Child's Doctor: _____ Phone: _____

Hospital Preference: _____

Insurance Provider: _____ Policy#: _____

Special Medical Information (please print legibly)

****A copy of your child's updated immunization records must be attached with the registration forms.****

Please list any and all allergies your child may have:

Please list any and all medications your child is taking (The **Request for Medication Administration form** must be completed if your child requires medication while at the LifeQuest Afterschool Fun Club:

Please list any behavioral circumstances your child may have (Additional forms must be submitted if your child requires an IEP/behavioral plan at school or other institution):

Special Circumstances: _____



1130 North Main Street
Kernersville, NC 27284
(336) 993-6209 Office
(336) 993-8920 Camp
(336) 996-6511 Fax

Request For Medication Administration (Must be completed by a parent or guardian)

Child's Name _____
(Last) (First) (Middle) (Preferred)

Address _____ City _____ Zip _____

Birth Date _____ Age (as of today) _____ Grade to be Enrolled _____ Male _____ Female _____

Parent/Guardian's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ ext. _____

Cell Phone _____ Email _____

Physician's Name _____

Address _____ City _____ Zip _____

Work Phone _____ ext. _____

Medication Information (please print legibly)

Name of medication to be administered _____

Dosage to be administered _____ Time to be administered _____

Date to being administration _____ Date to cease administration _____

Possible Adverse Reactions _____

_____ **Parent Initials** I request the LifeQuest Camp Discovery Staff administer the above medication to my child.

_____ **Parent Initials** I agree to notify the Camp Director in writing of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on this form.

_____ **Parent Initials** I understand that it is my responsibility to send an appropriate supply of medication to camp in its original container.

_____ **Parent Initials** I understand that medication provided in any container other than the original will not be accepted.

_____ **Parent Initials** I understand that the LifeQuest Camp Discovery will have limited liability while administering medication to my child.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Please Print) _____

Permission/Waiver (please print legibly)

I give permission to LifeQuest Afterschool Fun Club to use photographs or likenesses of my child, named in this document, in publicity materials, including but not limited to: newspaper, television, billboard, internet, brochures, etc.

(Circle One) YES NO

I give permission for my child , named in this document, to swim in First Christian Church Ministries pool. **(Circle One) YES NO**

We, the undersigned, are the parents, the parent(s) having legal custody, or the legal guardians of the child named in this document, a minor, and have given our consent for him or her to participate in LifeQuest Activities. We will not hold First Christian Church Ministries or LifeQuest responsible for any accidents or injuries that might occur. In the event that the child named in this document is injured while attending this event and requires medical attention, we the parent/guardian consent to any reasonable medical treatment as deemed necessary by a medical personnel. In the event treatment is called for which medical personnel, a physician and/or hospital personnel refuse to administer without our consent, we the parent/guardian hereby authorize a LifeQuest staff member or another adult representative from First Christian Church Ministries to give such consent for us if we cannot be reached by telephone at any of the numbers listed on the Emergency Information page of the registration forms or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we the parent/guardian agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a medical personnel. I give my permission for my child, named in this document, to attend the LifeQuest Afterschool Fun Club program sponsored by First Christian Church Ministries. My child may also participate in the activities provided by the Afterschool Fun Club program, whether on-site or off-site. I surrender my rights to litigation, civil or criminal, to any volunteer or employee of First Christian Church Ministries for injuries, whether physical or emotional, which may occur during normal Afterschool Fun Club activities, as the law does allow.

(Circle One) YES NO

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

LifeQuest Transportation Consent Form

This form is to be completed by the parent/guardian of any child from the following schools that will be participating in the LifeQuest Afterschool Fun Club.

- * Caleb's Creek Elementary
- * Northwest Middle
- * Oak Ridge Elementary
- * Sedge Garden Elementary
- * Southeast Middle
- * Stokesdale Elementary

Child's Name: _____ Date: _____

School to be Transported From: _____

Location to be Transported: LifeQuest House on FCCM Property

FCCM Program: LifeQuest Afterschool Fun Club

I _____, hereby grant _____ permission
Print Parent/Guardian Name Print Child's Name

to be transported in a motor vehicle driven by an employee/volunteer of the LifeQuest Afterschool Fun Club, ministry of First Christian Church Ministries to the specified location above during the 2017-18 school year. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or adult volunteer driver.

I have read, understand, and discussed with my child that:

1. They are to go to the LifeQuest bus location immediately to board the bus. Failure to get to the bus on time will result in the child being left at their school
2. If a child misses the LifeQuest bus, the parent will be contacted by the school and then be responsible for transporting their child to the LifeQuest House.
3. They are expected to respect each other, the vehicle they ride in, and the driver during transportation.
4. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects.
5. They are to remain in their seat and not be disruptive to the driver of the vehicle.
6. As the parent/guardian, I am to notify the LifeQuest Director by email if my child will not attend the LifeQuest Afterschool Fun Club program for the day.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Parent/Guardian Name (Please Print): _____ Date: _____

Parent/Guardian Signature: _____

Obligation of Understanding

Standard Fees

- _____ **Parent Initials** I understand the cost the Afterschool Fun Club is divided into 10 equal payment beginning in August 2018 and Ending in May 2019.
- _____ **Parent Initials** I understand that each of the 10 equal payment will be \$230.00 for 1st child and \$160.00 for each additional child during the 2018-19 school year.
- _____ **Parent Initials** I understand each of the 10 equal payments must be paid before the next month of care
- _____ **Parent Initials** I understand all scheduled and unscheduled Out of School Days/Inclement Weather Days must be paid online. Please click the payment link on our website at www.lifequestkids.com
- _____ **Parent Initials** I understand each of the 10 equal payments must be drafted from my bank account.

Registration Fees

- _____ **Parent Initials** I understand a **one time \$50 registration fee per child is due the first time I sign up for the 2018-19 Afterschool Fun Club.**
- _____ **Parent Initials** I understand the **registration fee is non-refundable.**

Student Accident Medical Insurance

- _____ **Parent Initials** I understand part of my weekly fee will cover the student accident medical insurance that First Christian Church Ministries is required to carry.

Late Fees

- _____ **Parent Initials** I understand that there will be an **additional charge of \$1.00 per minute per child** if my child(ren) is picked up after 6:00 p.m.
- _____ **Parent Initials** I understand **late fees will be automaticly added to my bank draft unless paid by the next business day by cash, check, or money order.**
- _____ **Parent Initials** I understand that **failure to pay the late fees will result in my child(ren) being withdrawn from the Afterschool Fun Club.**

Cancellation / Withdrawal

- _____ **Parent Initials** I understand a **written notification must be received 2 weeks prior to the week of withdrawal.**
- _____ **Parent Initials** I understand **NO refunds will be given for days my child(ren) does not attend.**
- _____ **Parent Initials** I understand **if I fail to notify the LifeQuest Director or the Church Finance office within 30 days that a refund is needed, I forfeit my refund.**
- _____ **Parent Initials** I understand I have **30 days to notify the LifeQuest Director or the Church Finance office if a refund is required.**

Parent Handbook

- _____ **Parent Initials** I understand I am responsible to have a copy of the 2018-19 Afterschool Fun Club Parent Handbook.
- _____ **Parent Initials** I understand all information listed in and have read the 2018-19 Afterschool Fun Club Parent Handbook.

(Signature)

(Date)

(Name-PLEASE PRINT)

Afterschool Fun Club Monthly Fees

Standard Fees

I understand that the cost of the Afterschool Fun Club will be \$2300.00 for 1st child (\$1600.00 for each additional child) for the 2018-19 school year. Each amount is payable in lump sum or in 10 equal monthly installments by bank draft beginning August 2018 and end May 2019. All bank draft information (voided check) needs to be received immediately for the bank draft to be active. If payment is not received, check or money order must be made to participate in the Afterschool Fun Club. **Withdrawal forms must be received by the 15th of the month to prevent the following draft from occurring. NO refunds will be given for fees already drafted, collected or for days your child does not attend.**

Student Accident Medical Insurance

Part of your monthly fee will cover the student accident medical insurance that First Christian Church Ministries is required to carry.

Late Fees

I understand that there will be an **additional charge of \$1.00 per minute per child** for any child picked up after 6:00 p.m. **Late fees will be drafted on the 1st of the following month or subtracted from amount paid in full.**

Registration Fees

A \$50 registration fee per child is due at the time of submission of this form. Registration fee is non-refundable.

Out of School Days & Inclement Weather Days

Out of School Day care is charged per day for the following: Teacher Work Days, Holidays, and Inclement Weather Days. Pre-registration is required for any of these days. Please see Bank Draft fee Worksheet for exact Out of School day fees. Out of School Day and Inclement Weather payments need to be made online. Please go to our website at www.lifequestkids.com and click on the payment link.

LifeQuest ASC Bank Draft Authorization

Capital Bank
PO Box 1120
Greenville, TN 37744-1120

ACH Origination Agreement (FCCM)

I authorize **First Christian Church Ministries** and the financial institution named below to initiate entries to my checking/savings accounts, and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying the financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial statement or 60 days after posting, whichever comes first. I understand that after 2 NSF notices my account will become a **Cash/Money Order Only** account. The payment will still be due on the same scheduled day. A \$15 per child late will be charged if payment is not received on due date.

(Signature)

(Date)

(Name-PLEASE PRINT)

(Address-PLEASE PRINT)

(E-mail Address-PLEASE PRINT)

(Circle One:) Checking or Savings Bank Name _____

Routing Number _____ Acct number _____

Please Attach The Following:

- Updated Immunization Records
- \$50 Registration Fee per child
- Voided Check (Our Bank Requires a Voided Check on Record for Each New Season. A season is Afterschool Fun Club and Camp Discovery. We Apologize for Any Inconvenience.)

Bank Draft Fee Worksheet

CHECK ALL THAT APPLY:		1ST CHILD	ADDITIONAL CHILD(REN)
	Standard Plan Afterschool Fun Club total divided into 10 monthly installments	\$2300.00 (\$230.00 monthly)	\$1600.00 (\$160.00 monthly)
	Out of School Days Full Days only for Teacher Work Days, Holidays, etc.	\$15.00 per day for ASFC Members \$30 per day Others	\$15.00 per day for ASFC Members \$30 per day Others
	Inclement Weather Days	\$15.00 per day for ASFC Members \$30 per day Others	\$15.00 per day for ASFC Members \$30 per day Others

- In the case of desire to revoke authorization, all authorizations must be received only by notifying the originator (LifeQuest Office) **in writing** no later than **15 days** before the next transaction is effective.
- **Withdrawal forms must be received by the 15th of the month to prevent the following draft from occurring. NO refunds will be given for fees already drafted, collected or for days your child does not attend.**
- Standard fees apply on all unpaid ACH transactions (stop payment, nsf, etc.).

How Did You Hear About LifeQuest?

For Office Use Only		
Annual Fee Paid In Full <input type="checkbox"/> Amount _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	Registration Fee Paid <input type="checkbox"/> Amount _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	Received By:
Late Enrollment Start Date: Begin Draft Date:	Pro-Rated Fee for First Month: <input type="checkbox"/> Amount _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	Forms Received: <input type="checkbox"/> Voided Check <input type="checkbox"/> Immunization Records
Notes: 		