**Enrollment Application**

**Please Circle All Services Needed:** Preschool (Daycare) VPK K-12th Summer Day Camp Special Event

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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<tr>
<td>Nickname:</td>
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<tr>
<td>Birth Date</td>
<td>Start Date</td>
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**GRADE REQUESTED:**

**PARENTS OR GUARDIANS**
(1) First Name: Last Name:
Relation to Child:
Address:
City: Postal Code:
Home Phone: Work Phone:
Employer:

(2) First Name: Last Name:
Relation to Child:
Address:
City: Postal Code:
Home Phone: Work Phone:
Employer:

**OTHER EMERGENCY CONTACT**

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<tr>
<th>Name</th>
<th>Relationship to Child</th>
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<tr>
<td>Home Phone</td>
<td>Work Phone</td>
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AUTHORIZATION FOR PICKUP
Your child will only be released to someone listed on your written emergency contact card. No notes or phone calls to release your child will be accepted. Please list any & everyone allowed to pick up your child.

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<th>Name</th>
<th>Address</th>
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MEDICAL INFORMATION

Doctor: | Office Phone:
Address: 
City: | Zip Code: 
Medical Ins. #: | Child's Personal ID#:
Allergies: 
Medical Problems: 
Medication: 

ADDITIONAL INFORMATION: Please indicate likes/dislikes, potty training, special interests, etc.

IMMUNIZATION:
The Health Unit now requires that we have a photocopy of your child’s recent immunization & physical record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your local health unit.

EMERGENCY CONSENT:
It is the policy of Alpha & Omega Christian Learning Center 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 contact local EMS and if necessary accompany the child during transportation.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY CONSENT FOR MY CHILD ______________________________ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY AMBULANCE 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: Date: Date:

Revised 23 January 2019