

Days/Wk _____
MTWTHF (circle)

St. Luke's After School Program

School Year _____
Bus # _____

Registration & Medical Release Form

PLEASE PRINT OR TYPE

FAMILY INFORMATION

Child's Name _____ Goes By _____

Date of Birth _____ Grade _____ School Attending _____

Home Address _____ Home Phone # _____

City _____ ZIP Code _____

Mother's Name _____

Home Address _____ Home Phone # _____

Work Phone _____ Cell # _____

Father's Name _____

Home Address _____ Home Phone # _____

Work Phone _____ Cell # _____

Parent email address _____

MEDICAL INFORMATION

Student Health Information

Allergies/Medical Conditions _____

Current Medications _____

EMERGENCY CONTACT INFORMATION

Additional Emergency Contact Information in the case a parent cannot be reached or pick up the child. (Please give two)

1. Name _____ Relation _____

1. Daytime Phone Number _____ 1. Cell # _____

2. Name _____ Relation _____

2. Daytime Phone Number _____ 2. Cell # _____

Other than parents and those listed above, please list people allowed to pick up your child. These are the only people we will release your children to without prior written consent. ID will be required at pick-up time. Please provide at least one name.

I agree that the adult in charge may authorize a physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately. They may release my child to any of the above emergency contacts if necessary. I will not hold St. Luke's Lutheran Church or any staff responsible for injury or hospitalization.

Parent/Guardian Signature _____

Date _____