

GAP KIDS

An After School and Summer
Ministry of Gospel Baptist Church

Account # _____ Reg. Fee _____
A: D/O/S S: D/O/S
Office Use Only

Registration Form:

Date: _____ Students Full Name: _____ DOB: _____

School Student Attends: _____ Present Grade: _____

Students Address: _____ City: _____ Zip: _____

PARENTS OR GUARDIANS INFORMATION:

With whom does the student reside during the week (circle one)? Father & Mother Father Mother Other Legal Guardian

1. Name: _____ Relationship to Child: _____

Address: _____

Email: _____ Employer: _____

Contact Phone Numbers (please indicate work, home, or cell and in which order they should be called): _____

2. Name: _____ Relationship to Child: _____

Address: _____

Email: _____ Employer: _____

Contact Phone Numbers (please indicate work, home or cell and in which order they should be called): _____

Emergency Care Information:

Doctor's Name: _____ Phone # _____ Hospital Preference: _____

If neither mother or father can be reached at the above listed numbers, please call:

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither the family physician or I can be contacted immediately. Sign & Date: _____

Allergies: _____

Please describe any special needs or medical issues: _____

Will your child be attending our After School program? **YES / NO** Will Your child be attending our Summer Program? **YES / NO**

Does your child attend church regularly? **YES / NO** If yes, where? _____

Please list the names of anyone that has permission to pick up your child and their relationship to the student:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Signature of parent or guardian responsible for the account: _____ **Date:** _____