

PERSONAL DATA SHEET

STUDENT INFORMATION

NAME _____ AGE _____

GRADE (2019-2020 School Year) _____

SCHOOL _____

NICKNAME _____

BIRTHDATE _____

ADDRESS _____

PHONE _____

MOTHER INFORMATION:

NAME _____ OCCUPATION _____

ADDRESS _____ HOME PHONE _____

_____ WORK PHONE _____

CELL PHONE _____ E-MAIL _____

FATHER INFORMATION:

NAME _____ OCCUPATION _____

ADDRESS _____ HOME PHONE _____

_____ WORK PHONE _____

CELL PHONE _____ E-MAIL _____

*PRIMARY CONTACT CELL PHONE NUMBER TO NOTIFY YOU ON DAYS WE GO ON FIELD TRIPS :

Name _____ Cell Phone # _____

LIST CHILD'S INTERESTS AND FAVORITE THINGS:

SIBLINGS:

MEDICAL EMERGENCY FORM

CHILD INFORMATION:

Name: _____ Birth Date _____

Parents: _____ Phone (home) _____

(work/cell) _____

DOCTOR INFORMATION:

Name: _____ Phone _____

Address: _____

INSURANCE INFORMATION:

Insurance Company Name _____

I.D. # _____ Group # _____

Group Name: _____

MEDICAL INFORMATION: *(List any allergies, special medical or dietary information)*

EMERGENCY CONTACT INFORMATION:

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

MEDICAL TREATMENT PERMISSION:

In the event of an emergency, I give the staff at St. Peter's Lutheran Church After School Program permission to take _____ to a doctor, dentist or hospital for treatment.

X _____ Date _____

(Signature of parent or guardian)

SIGN OUT PERMISSION LIST FORM

CHILD'S NAME: _____

Approved adults (must be 18 years of age or older and have photo identification), who may take my children from the after school program:

Name	Phone Number	Relationship To Child

**No other adults will be permitted to take my child from the program. I will notify the director of any additions or deletions to the above list.*

Parent / Guardian Signature _____

Date _____

After School Program Parents' Covenant

I / We, _____

parent(s) of _____

promise to do the following for St. Peter's Lutheran Church After School Program:

1. I will support the Director and Assistants in behavioral issues.
2. I will pick up my child(ren) on or before 6:00 pm. If I cannot, I will make arrangements for someone else to pick them up. I will notify the program Director of this alternate arrangement. I understand that the late fee policy is \$1.00 per minute should I pick up my child after 6:00 pm.
3. I will notify the program Director of any changes in family or custody issues that will influence pick up arrangements. I understand that anyone not on my child's "sign out permission list form" will not be allowed to take my children from the program.
4. If my child is or becomes ill, I will pick them up (or make arrangements for an approved person from my "sign out permission list form" to do so) from the program as soon as possible.
5. I will notify the Director if my child should not be attending the program for any reason (illness, extra school activities, etc.)
6. I understand that my child's tuition payment (Oct. - May) is due the 1st of each month and a late fee will be charged of \$3.00 a day if it is paid after the 1st of the month. (There is no grace period for paying tuition).
7. I understand that if my child does not arrive at the program via transportation from the school that he / she will not participate in the program that day.

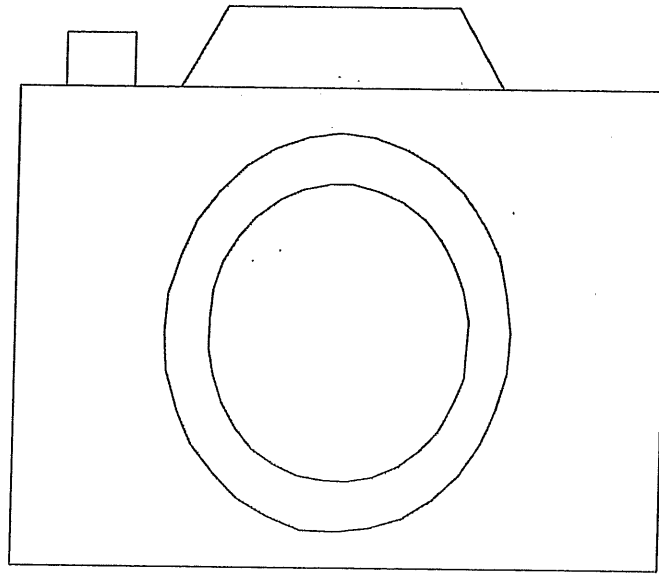
Name _____

Child(ren) _____

Date _____

Signature _____

Picture Permission



I give my permission for my child(ren) to have their picture taken for craft projects, the after school bulletin board / family tree, newsletter and end of year DVD (gift to each family). We will not print the full name of your child(ren), only first names or nicknames will appear near their pictures.

(Parent / Guardian Signature)

OR

I do not give permission for my child(ren) to have their picture taken for any reason at the after school program.

(Parent / Guardian Signature) ~ sign here only if you do not give picture permission)

St. Peter's After School Program

Indemnity and Release Form

I, the undersigned, wish to voluntarily enroll my child(ren) to participate in the After School Program.

In consideration for being permitted to participate in the After School Program, in the city of Evans City, the state of Pennsylvania, the country of the United States of America. I, the undersigned, fully recognizing any danger or hazard inherent in participation in the After School Program, and any related transportation, including personal injury, property damage, or wrongful death, as well as any unknown dangers or hazards which may arise in the course of my participation in the After School Program, do hereby voluntarily:

Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, St. Peter's Lutheran Church, its trustees, officers, employees, volunteers, agents, insurers, successors, assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my child(ren)'s participation in the above After School Program.

I have read this release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify St. Peter's Lutheran Church, for injuries, damages or losses my child(ren) may cause and giving up rights to sue St. Peter's Lutheran Church, its volunteers and employees for injuries, damages or losses that may incur while my child(ren) are enrolled in the After School Program.

Signature of Parent or Legal Guardian

Printed Name of Student(s)