TRINITY AFTER SCHOOL CARE (TASC)

2017 – 2018 Registration Form

Monday-Friday, 3:00pm – 5:30pm

$200 per month first child

$150 per additional child per household

$125 per month for staff children

All registration forms must be turned into the office & approved BEFORE your child(ren) may begin.

Student Information: Today's Date: _____

Female: ___ Male: ___ Grade Entering: _____ Date of Birth: _____

Last Name: _____ First Name: _____

Home Address: _____

(Mailing Address, if different): _____

Parent Cell Number: Mother:_____ Father: _____

Email Address: _____

Would you like newsletters sent to your email address? Y N

Please check all current or past physical conditions, limitations, and/or chronic illnesses that apply to your child:

Eyeglasses/Contacts (to be worn at all times?)	Y	N
Epi-Pen (does your child have one at school?)	Y	N
Inhaler (does your child carry one at school?)	Y	N
Diabetes (does your child take insulin?)	Y	N
Heart Complications	Y	N
Seizures	Y	N
Allergies (what kind?)	Y	N

Other: _____

Please list any medications your child is taking and what it's treating: _____

_____

TRINITY AFTER SCHOOL CARE (TASC) WILL NOT DISPENSE ANY MEDICATIONS; NEITHER PRESCRIPTIONS, NOR OVER THE COUNTER.

Family Information:

Marital Status: Single Married Divorces Separated

Mother: _____

Father: _____

Are there any restrictions on who can pick your child up from school? _____

If so, whom? _____

Emergency contact (local-other than self):

Name: _____ Relationship to Child: _____

Phone #: _____

Emergency Contact (local-other than self):

Name: _____ Relationship to Child: _____

Phone #: _____

School Information:

Permission Granted: We hereby grant permission for pictures to be taken, used on the WTCS Facebook page and for media to come to TASC. Yes No

Permission Granted: We hereby grant permission for our child to be taken on field trips and outings. We grant the staff or agents of Williston Trinity Christian School permission to seek emergency medical services for my child if the need arises while at school or school related activities. Yes No

Legal Agreement:

The undersigned hereby do release and discharge Williston Trinity Christian School, Trinity After School Program (TASC), its employees, board members and agents from any claims, lawsuits, and/or damages whatsoever for any alleged injury to my child. The undersigned also agrees to defend and indemnify Williston Trinity Christian School, its employees, board members and agents from any claims and/or lawsuits made by any person or entity on behalf of my child.

Father (or guardian): _____ Date: _____

Mother (or guardian): _____ Date: _____

For your child's safety, an approved adult must come and sign your child(ren) out of the After School Program every day. If not followed, your child(ren) may be removed from the program.