



GAP Student Enrollment Form (2018-2019)

_____ Male
Child's Last Name **First Name** **Middle Name** Female

_____ **Street Address** **City** **State** **Zip**

_____ **Current Age** **Date of Birth** **Grade in Fall** **Teacher (if known)**

Do you regularly attend church? Yes No If yes, where? _____

Check which day(s) you will send your child to GAP:

Monday Tuesday Wednesday Thursday FREE Friday

Schedule will vary. Please explain:

Who does your child live with? _____

_____ **Parent/Guardian Name** _____ **Parent/Guardian Name**

_____ **Cell/Work Number** _____ **Cell/Work Number**

A \$10.00, non-refundable, deposit (per child) is required to hold your child's spot for the 2018-2019 school Year (Monday-Thursday ONLY). This is to help us stock up on multiple classroom supplies and outdoor play equipment as well as help us coordinate staffing and transportation well in advance. Checks can be made payable to Shelby Christian Church.

Payment Information: **Cash (amount \$ _____)**
 Check (check # _____, amount \$ _____)

If your child comes to **Friday GAP ONLY**, a deposit is not required.

FOR OFFICE USE ONLY:
 Payment received by: _____ Date: _____

Mail or return form with payment to: Shelby Christian Church, 200 N. Hickory St., Shelbyville, IL 62565

List the people, in addition to both listed parents/guardians, who are emergency contacts and have permission to pick up your child from GAP:

Name & Phone Number

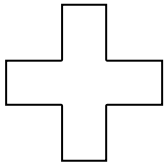
Relationship to child

Name & Phone Number

Relationship to child

Name & Phone Number

Relationship to child



Please list any medical information or allergies we need to be aware of for your child:

Please list any prescription medication and dosage your child is taking:

Do we have permission to give Children's Tylenol for headaches? Yes No _____ Please Initial

In case of an emergency, do we have your permission to transport your child to Shelby Memorial Hospital? This will only be used if the injury/illness is life threatening or if all other means of emergency contacts have failed. Yes No _____ Please Initial

Family Physician: _____ Phone Number: _____

I, _____ (Parent/Legal Guardian), give my complete approval and assume full responsibility for the safety and well-being of our child upon their departure from school to attend Shelby Christian Church's After-school Program, GAP. Furthermore, we agree to allow our child to be released to the care of a representative of Shelby Christian Church to be picked up from school grounds.

This release shall be good for one school year. (2018-2019)

Signature of Parent or Legal Guardian

Date