



# GAP Student Enrollment Form (2019-2020)

\_\_\_\_\_  Male  
 Female

Child's Last Name                      First Name                      Middle Name

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

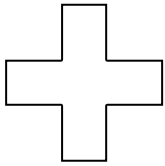
Relationship to child

\_\_\_\_\_  
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. (2019-2020)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date