



SCHOOL AGE BEFORE AND AFTER STUDENT REGISTRATION

OFFICE USE ONLY: ADMISSION DATE _____ TERMINATION DATE _____ BIRTH CERTIFICATE# _____ INITIALS _____ BEFORE: _____ AFTER: _____ BEFORE AND AFTER: _____

STUDENT'S NAME: _____
(LAST) (FIRST) (MIDDLE)

CHECK ONE PLEASE: MALE _____ FEMALE _____ SOCIAL SECURITY: xxx-xx- _____

DATE OF BIRTH: _____ AGE: _____

STUDENT LIVES WITH: MOTHER _____ FATHER _____ BOTH _____ GUARDIAN _____

GRADE ENTERING: _____ SCHOOL ATTENDING: _____

PARENT INFORMATION	
MOTHER/GUARDIAN: _____	
ADDRESS: _____	APT# _____
CITY: _____	STATE: _____ ZIP CODE: _____
HOME PHONE: _____	CELL PHONE: _____ EMAIL: _____
EMPLOYER: _____	OCCUPATION: _____
MILITARY RANK/ RATE _____	
WORK PHONE: _____	WORK HOURS: _____
FATHER/GUARDIAN: _____	
ADDRESS: _____	APT# _____
CITY: _____	STATE: _____ ZIP CODE: _____
HOME PHONE: _____	CELL PHONE: _____ EMAIL: _____
EMPLOYER: _____	OCCUPATION: _____
MILITARY RANK / RATE: _____	
WORK PHONE: _____	WORK HOURS: _____

DO YOU CURRENTLY HAVE A CHURCH HOME? YES ___ NO ___ NAME OF CHURCH _____

DOES STUDENT HAVE ANY SIBLINGS? YES ___ NO ___ BROTHERS _____ SISTERS _____

PARENTS/GUARDIANS MARITAL STATUS: MARRIED ___ SINGLE ___ DIVORCED ___ SEPARATED ___

WHO HAS LEGAL CUSTODY? _____

(A COPY OF CUSTODY AGREEMENT IS REQUIRED)

SCHOOL AGE BEFORE AND AFTER PROGRAM

BRIGHT ARROW

Bright Arrow, an automated messaging service is used to facilitate communication with our parent/guardians. Through voicemail, text messages and email you will be informed of upcoming events, school delays or closings.

Phone #1 _____ Phone #2 _____

Phone #3 _____ Email _____

AUTHORIZATION FOR TRANSPORTATION

I give my permission for my child, _____, to be transported by Friends In Jesus Learning Center, Inc. for all field trips.

Signature of Parent/Guardian _____ Date _____

PICTURE PERMISSION

We would like to add pictures of our children in various activities at school for publicity purposes. (website, flyers, fundraising activities, etc.) Please fill out the appropriate space.

* _____ This release grants permission for my child's picture to be used for publicity purposes.

* _____ I do not wish for my child to have their picture used for publicity purposes.

Signature of Parent/Guardian _____ Date _____

EMERGENCY INFORMATION RECORD		LAST NAME		FIRST NAME	
		PARENT/GUARDIAN NAME		HOME PHONE	DATE OF BIRTH
HOME STREET ADDRESS			CITY	STATE	ZIP CODE
ALTERNATE HOME ADDRESS				PHONE	
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE OR PAGER	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE OR PAGER		
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:					
Name: _____		Address: _____		Phone: _____	
Name: _____		Address: _____		Phone: _____	
STUDENT'S PHYSICIAN - NAME AND ADDRESS				PHONE	
STUDENT'S DENTIST - NAME AND ADDRESS				PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE					
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card)					
<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/> OTHER		
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> RECURRING ILLNESS			
PARENT: USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.		In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.			Date: _____
		Parent Signature: _____			

Form #142 NATIONAL SCHOOL FORMS 1 (800) 431-1291

INSURANCE INFORMATION	
I _____ the parent/guardian of _____ will be responsible for payment of medical care expenses. Medical treatments costs are covered by:	
1. Primary insurance company: _____	
Name of insured: _____	
Policy Number _____	
Group Number _____	
2. No Insurance _____	
The Parent(s) /Guardians(s) authorizes Friends In Jesus Learning Center, Inc. to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, the parent/guardian expects to be notified immediately.	
Parent/Guardian Signature _____	Date _____
Subscribed and sworn to me on this _____ day of _____	
Notary Public Signature _____	

FRIENDS IN JESUS LEARNING CENTER INC.



SCHOOL AGE BEFORE AND AFTER REGISTRATION

Student's Name: _____ Grade Entering: _____

My child is a returning student and all my information has remained the same. (parent info, alternate pickup list, insurance info, custody papers)

Signature of Parent/Guardian _____ Date: _____

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* _____ I do not wish for my child to have their picture used for publicity purposes.

Signature of Parent/Guardian _____ Date _____

Office Use Only: Admission Date: _____ Termination Date: _____

Before Care: _____ **After Care:** _____ **Before/After Care:** _____

SCHOOL AGE BEFORE AND AFTER PROGRAM

ALTERNATE PICK-UP LIST

CHILD'S NAME _____ DATE _____

PARENT/GUARDIAN'S NAME _____ PHONE _____

NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
IS THERE ANYONE WHOM YOU DO NOT WISH TO PICK UP YOUR CHILD? YES ___ NO ___ IF SO, PLEASE GIVE NAME AND RELATIONSHIP TO YOUR CHILD. NAME _____ RELATIONSHIP TO CHILD _____ NAME _____ RELATIONSHIP TO CHILD _____ NAME _____ RELATIONSHIP TO CHILD _____

