



Fresh Start Community Church Outreach Ministries After School Program

Child's Name _____
(Last Name) (First Name) (Middle Name)

Child's Address _____

City _____ State _____ Zip _____ Phone # _____

Date of Birth ____ / ____ / ____ Gender Male Female School Grade _____

Parent/Guardian Name _____
(Last Name) (First Name) (Middle Name)

Relationship to Child _____ Driver License # _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Cell Phone # _____ Email Address _____

Employer _____ Work Phone # _____ Extension # _____

Work Address _____

City _____ State _____ Zip _____ Work Hours _____

Parent/Guardian Name _____
(Last Name) (First Name) (Middle Name)

Relationship to Child _____ Driver License # _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Cell Phone # _____ Email Address _____

Employer _____ Work Phone # _____ Extension # _____

Work Address _____

City _____ State _____ Zip _____ Work Hours _____

Parent's Marital Status Married Divorced Single Primary Residence Both Mother Father Guardian

If divorced, who has legal custody? _____ May the non-custodial parent pick up the child? _____

Fresh Start Community Church must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

The child will be released only to the people on this application and the following persons:

Name _____ Address _____ Phone# _____

Name _____ Address _____ Phone# _____

Parent/Guardian Signature _____ Date _____



Fresh Start Community Church Outreach Ministries After School Program

Child's Name _____
(Last Name) (First Name) (Middle Name)

Circle Days to Attend Fresh Start After School Program: Mon Tue Wed Thu Fri

Meals to Be Provided: Snack Dinner

Does your child have any food Allergies? Yes No If yes, please explain _____

Child's Physician _____

Special Needs _____

Hospital Preference _____

Emergency contact other than Parents _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Does your child have any fears? _____

Does your child have any learning disabilities? _____

Does your child have any physical disabilities? _____

What school does your child attend? _____

Who is your child's homeroom teacher? _____

What subjects are your child's strengths? _____

What subjects are your child's weaknesses? _____

The Fresh Start Community Church After School Program will follow the calendar of Moore Public Schools. The program will start at 3:30 PM and ends at 6:00 PM. There is no charge for my child to attend the program, however I do realize there is a fee for not picking my child up on time.

- I agree to allow my child to participate in any devotionals that are part of the After School Program.
- I agree to allow the staff of Fresh Start to work with my child on their homework and appropriate skills for their grade level.
- I agree to allow the staff of Fresh Start to contact my child's teacher to obtain information on skills that my child needs to work on.
- I agree to allow my child to participate in any physical activities that are part of the After School Program.
- I agree to have my child's shot records up to date and provide a copy to Fresh Start.
- I agree to pick my child up by 6:00 PM and understand there is a fee for late pick up.

Print parent/guardian Name _____

Parent/guardian Signature _____ Date _____



Fresh Start Community Church Outreach Ministries After School Program

Parent Authorization for Emergency Medical and First Aid

Child's Name _____
(Last Name) (First Name) (Middle Name)

I hereby authorize the staff and director, representing Fresh Start Community Church to give consent for any and all necessary emergency medical and First Aid care for my child, _____, while he or she is in Fresh Start Community Church's custody.

Signature of Parent/Guardian: _____

State of _____ County of _____

Subscribed and sworn to before me on this _____ day _____, 20____.

Who is personally known to me or has produced _____ for identification.

Notary Public

My commission expires on: _____

Signature of Notary Public: _____

Notary Public Name (print): _____

Notary Public commission #: _____

Fresh Start Community Church Permission Form

Child's Name _____
(Last Name) (First Name) (Middle Name)

- Permission **is is not** given for photography for use by Fresh Start Community Church or the Regional Food Bank of Oklahoma.

Signature of Parent or Guardian: _____ Date: _____

- Permission **is is not** given for my child to use the internet at Fresh Start.

Signature of Parent or Guardian: _____ Date: _____

Please return this form prior to your child's first day at Fresh Start After School Program.