

# Harvest Afterschool Registration Form

www.harvestafterschool.org 803.479.2394



Today's Date: \_\_\_\_\_

Elementary School Attended: \_\_\_\_\_

**Check one:**  Full Time  Drop In

Requested Start Date \_\_\_\_\_

Grade: \_\_\_\_\_

Please list any other children at Harvest Daycare or Afterschool:  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY- Payment & Notes	
Registration \$ _____	drafted on _____
Tuition \$ _____	<input type="checkbox"/> FT <input type="checkbox"/> DI
ACH: <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Sibling Discount <input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	

## CHILD INFORMATION:

Date of Birth \_\_\_\_\_ Male  Female

Name \_\_\_\_\_

Name child is called by \_\_\_\_\_

CODE WORD \_\_\_\_\_

Home Address \_\_\_\_\_

Street

City

Zip

\*Responsible party to appear on billing statements? \_\_\_\_\_

\*Who has legal custody of the child? Both  Mom  Dad  Other \_\_\_\_\_

\*Are there custodial or other court orders about which we should be aware? Yes  No

If "Yes", initial here \_\_\_\_\_ to certify that you will provide any special instructions the Afterschool Director in writing by the first day of your child's enrollment.

## FATHER OR GUARDIAN INFORMATION:

Marital Status: Married  Seperated  Divorced  Single

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

(If Different form child's)

Street

City

Zip

Driver's License # \_\_\_\_\_

Place of Employment & Occupation \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cell \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

## MOTHER OR GUARDIAN INFORMATION:

Marital Status: Married  Seperated  Divorced  Single

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

(If Different form child's)

Street

City

Zip

Driver's License # \_\_\_\_\_

Place of Employment & Occupation \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cell \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

## CHILDS PERSONAL HISTORY:

Please list any other persons living with the child and their relationship (if any) to the child \_\_\_\_\_

Previous preschool experience? \_\_\_\_\_

Where and when? \_\_\_\_\_

Allergies? \_\_\_\_\_ If so, please list \_\_\_\_\_

Are there any medical or emotional problems of which we should be aware? \_\_\_\_\_

Please list other Information such as napping instructions, eating instructions, discipline, child's communication, unusual fears, etc.  
\_\_\_\_\_  
\_\_\_\_\_

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## EMERGENCY INFORMATION RECORD

Permission is granted to administer Tylenol if I am unable to be reached and his/her temperature is over 101.

yes       no      sign \_\_\_\_\_

In the event of an emergency and we are unable to reach you, please give another authorized contact:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Driver's License # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Telephone \_\_\_\_\_ Chart # \_\_\_\_\_

Address \_\_\_\_\_ Hospital Preference \_\_\_\_\_

\*\*\*\*\*

In the event of an emergency, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child. I understand that our best effort will be made to contact a parent or guardian before such action is taken. I will be responsible for the payment for any such care or treatment.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

## PERSONS AUTHORIZED TO PICK UP CHILD

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

The Harvest Daycare and Preschool is a non-profit Christian ministry of *church of The Harvest*. The daycare, preschool and afterschool are dependent on the cooperation of church members and parents who benefit from the program for its continuation.

## FINANCIAL AGREEMENT:

**Payment is due in advance and will be drafted from your checking account for all fees. See your Rate Contract for details.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_