



## Harvest Afterschool Registration Form

Date \_\_\_\_\_  
School \_\_\_\_\_  
Grade \_\_\_\_\_

Siblings at Harvest Afterschool \_\_\_\_\_

### **CHILD INFORMATION:**

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

Name \_\_\_\_\_ Name Called By \_\_\_\_\_

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

Home Address \_\_\_\_\_  
Street City Zip

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

Who has legal custody of child? \_\_\_\_\_

Are there custodial or other court orders we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", you must provide any special instructions to the director in writing before first day

### **FATHER OR GUARDIAN INFORMATION:**

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

Address \_\_\_\_\_  
If Different from child's Street City Zip

Drivers License # \_\_\_\_\_ Marital Status \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Home \_\_\_\_\_

### **MOTHER OR GUARDIAN INFORMATION:**

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

Address \_\_\_\_\_  
If Different from child's Street City Zip

Drivers License # \_\_\_\_\_ Marital Status \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Home \_\_\_\_\_

**CHILDS PERSONAL HISTORY:**

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

Allergies? \_\_\_\_\_

If so, please list \_\_\_\_\_

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

Please list other information such as discipline, child's communication, unusual fears, etc. \_\_\_\_\_

**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 in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment for 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 # \_\_\_\_\_

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

Date \_\_\_\_\_

**PHOTO, VIDEO, WEB RELEASE FORM**

I hereby give permission for images of my child and their likeness, with or without name recognition, taken by video, photography, and/or a digital camera to be copyrighted and/or used solely for the purposes of Harvest promotional and/or advertising material, website, and publications, whether printed and/or electronic, which includes provision to include statements, such as testimonials, etc. I waive any rights of ownership or compensation thereto. This release shall remain in effect until the child reaches legal age or this release is rescinded by a parent or audit guardian.

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