

for office use only

Date Processed _____ BY _____
Enrollment Card Signed ___ Medical Form ___
School Authorization Form Completed ___

Program Ministry/Name

Your Church Name

Address
Phone Number

Student's Name (First/M.I./Last) _____ Date of Birth ____/____/____ Age _____ Gender _____

Student's Address _____ City _____ State _____ Zip _____

Home Phone # _____ Mother's Cell # _____ Father's Cell _____ Work # _____ Ext. _____

Name of Parents or Legal Guardians who student lives with: _____

School _____ Grade _____ Teacher _____ ALPHA CODE _____

Does your child receive Free/Reduced lunch? ___ Yes ___ No Total # of living in your home _____ Holiday Assistance needed (food and gifts) ___ Yes ___ No

Sisters/Brothers living at home: Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____ Name _____ Age _____

Ethnic background/Race: *(Please check one below)*

Caucasian African-American Hispanic
 Asian-American Native American Other

Please include all income for entire household. Information is needed for our funding and will be confidential .

Annual Household Income \$ _____

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IN CASE OF EMERGENCY CONTACT:

Name (First/M.I./Last) _____ Relationship _____ Ph _____

IN MY ABSENCE I Authorize THE FOLLOWING TO PICK UP MY CHILD. (PICTURE ID REQUIRED)

Name _____ Relationship _____ Ph _____

Name _____ Relationship _____ Ph _____

Name _____ Relationship _____ Ph _____

PLEASE INITIAL "YES" OR "NO"

My child is allowed to be transported by motor vehicle when necessary Yes _____ No _____

My child is allowed to walk home Yes _____ No _____

PHOTO RELEASE

I hereby acknowledge that photos/video/DVD may be used for promoting this Ministry. I grant my permission for my own and/or for my child's/ward's photo/video/DVD to be used in brochures, web page and other forms of publicity including but not limited to newsprint publications. My Child's last name will be withheld from all publications for safety purposes except for official newspaper articles or as prohibit by law.

PROGRAM ENROLLMENT

PLEASE SIGN EACH LINE

My child may participate in the Academic Improvement Program offered from school dismissal till 5:00 PM Yes ___ No ___

My child may participate in the Christian Character Development Program offered from 5:00 PM till 5:30 PM. I understand and accept that my child will be taught Christian values such as love, forgiveness, respect, self-control and honesty based on the Bible and may also participate in group prayer and music.

Yes ___ No ___

I, the undersigned legal parent and/or legal guardian, hereby consent that my child may participate in Great Kids activities stated above. I understand that Great Kids will share student information with its Church Affiliate Partner and the volunteer team. All information will be kept confidential. I hereby verify that all information stated on this enrollment card is accurate to the best of my knowledge. I agree to hold _____ Church harmless from any liability.

PARENT AND/OR LEGAL GUARDIAN _____ **Date** _____

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