

# CLC After School Ministry Follow-Up Form

## Personal Information

Child's Full Name:

Date of Birth:

Address:

Phone:

First and Last Name of Parents/Guardians:

Father:

Cell:

Email:

Mother:

Cell:

Email:

Parents' employment: Father's employment:

Phone:

Mother's employment:

Phone:

Please list names and ages of other children in the family:

**Other than parents, CHILD WILL BE RELEASED ONLY TO PERSONS INDICATED BELOW. (Must include at least TWO local persons to call for illness, accident, late pick-up, or other emergency reasons if parent(s) cannot be reached.) Please list in the order of preference for us to contact.**

Name:

Relationship to child:

Home phone: Cell Phone:

Address:

Name:

Relationship to child:

Home phone: Cell Phone:

Address:

**List names of other people (in addition to those listed above) who are authorized to pick up your child:**

Name

Relationship to child

Name

Relationship to child

Medical Information

Name of child's physician or clinic

Physician or clinic address

Phone

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Name of medical insurance

Policy #

Date when child was last examined by a physician

Special physical conditions/allergies we should be aware of

Has your child received immunizations recommended by the PA Dept. of Health? Yes No

Do you give permission for hand sanitizer to be used on your child's hands in addition to washing with soap and water? Yes No

I certify that the information provided is true and correct to the best of my knowledge and may be shared with CLC staff.

\*Signature of Parent/Guardian Date

I, \_\_\_\_\_, hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment, to include first aid and CPR by a qualified staff member of CLC Staff. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize said center to take my child to a hospital, and I agree that I will pay all physician and hospital bills, and said center shall not be responsible for them.

\*Signature of Parent/Guardian Date

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## Photo/Video Policy

Christian Life Church and their After School Ministry seek opportunities to promote a positive image of our church. Photos/videos of students may be used in a variety of print and online media, including newsletters, the Church's website, brochures, the Church's official social media outlets, and occasionally with the local news media. A child's picture may be used; names will not be used. Please note: Events that are open to the public (Church programs/performances, special events, etc.) are not applicable to the Photo/Video Policy.

I consent that video/audio recordings, photographs, electronic images, quotations, and sample work of or by my student may be used by Christian Life Church and/or CLC's After School Ministry.

\*Signature of Parent/Guardian Date

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Additional Helpful Information:

Why have you chosen CLC's After School Ministry for your child?

Please help your child's teacher get to know him/her by filling out the remaining portion of this follow-up information. It will be used only by your child's teacher in planning for his/her development. Thank you!

Does your child live with: one parent, both parents, separately, other adults (please specify):

What are your child's favorite play activities and interests?

What does your child enjoy doing with the family?

Do you have any pets? (name and type of animal)

What fears does your child have? (animals, dark, storms, strangers, other)

What are your child's eating habits?

How does your child get along with other children?

How does your child get along with other adults?

What is your biggest discipline problem?

How do you discipline your child?

Does your child have any nervous habits?

How does your child feel about going to CLC's After School Ministry?

Does your child have any type of diagnosis?

If so, explain:

Add'l information (concerns you may have or family situations which may impact child)

Please return this information as soon as possible to:

Kelseyw@mychristianlife.church

OR

Christian Life Church  
1400 Warm Spring Road  
Chambersburg PA 17202