

# Redwood Christian School After School Program

## Application Form 2021-2022

(Use separate form for each child)

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Male / Female

Current Grade \_\_\_\_\_ Siblings \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name (child lives with) \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Father's Employer/School \_\_\_\_\_ Phone \_\_\_\_\_ Days and Hours \_\_\_\_\_

Mother's Employer/School \_\_\_\_\_ Phone \_\_\_\_\_ Days and Hours \_\_\_\_\_

Does your child live with another parent part of the time? We need information about each parent.

Which days with you? \_\_\_\_\_ With other parent? \_\_\_\_\_

Other parent name \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

## Emergency Contact Information

The following is a list of people I would like contacted in case of emergency. This list will only be utilized if I or any of my child's guardians cannot be reached by program staff.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Authorization For Treatment Of A Minor

In the case of a medical emergency, I authorize Redwood Christian School After School Program staff as agents for my child to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care. Any treatment is to be rendered under the general or special supervision of a licensed physician or surgeon. Preference will be given to the medical provider listed below. This authorization is given in accordance to the provisions of Section 25.8 of the Civil Code of California.

### Medical History:

Allergies \_\_\_\_\_

Late Tetanus \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Illness \_\_\_\_\_

### Medical Providers:

Doctor \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_

### Insurance Information:

Name of Policy \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name

**OVER**

**The RCS After School Program has my permission to use (please initial your answer)**

Film/Photos – photographs or film of my child in after school projects. YES \_\_\_\_\_ NO \_\_\_\_\_

**Student Pick Up Authorization**

Student's Name \_\_\_\_\_

Please list all the people who are authorized to pick up your child from the RCS After School Program. Remember to include yourself!

We will not release students to persons not listed on this form. Please inform those who will pick up your child to bring a picture I.D. We will check I.D. to ensure the safety of your child.

_____	_____	_____
Name	Home or Cell Number	Relationship

_____	_____	_____
Name	Home or Cell Number	Relationship

_____	_____	_____
Name	Home or Cell Number	Relationship

_____	_____	_____
Name	Home or Cell Number	Relationship

I authorize Redwood Christian School After School Program to release my child to the people indicated on this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

- **This paperwork is valid for one year**
- **It is your responsibility to update the above information with any changes when appropriate.**