

Ascension Church and School Parent's Night Out Registration Form

Please provide all requested information

Child's Information

Name of Child: _____ Date of Birth: _____
(Last) (First) (Middle)
Address: _____ City: _____ Zip: _____
Age: _____ Grade: _____

Name of Parent or Legal Guardian

Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Office Ph: _____ Cell Phone: _____ Office Ph: _____
Authorized to pick up child YES _____ NO _____ Authorized to pick up child YES _____ NO _____
TX Drive's License No. _____ TX Drive's License No. _____
Email: _____ Email: _____

Persons authorized to pick up child and/or to be contacted in case of emergency

Name: _____ Name: _____ Name: _____
Office Phone: _____ Office Phone: _____ Office Phone: _____
Home Phone: _____ Home Phone: _____ Home Phone: _____
Cell Phone: _____ Phone: _____ Phone: _____

Any special needs or considerations such as: Allergies, existing illness, previous serious illness or injury, hospitalization during past 12 months, medication prescribed for long-term continuous use, hyperactivity, social behavior with peers, or any other health information we should know about your child.

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize Church of the Ascension staff to contact emergency services to take my child _____ to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Hospital Preference: _____ Address: _____ Phone: _____

Physician's Name: _____ Office Phone: _____

Address: _____ Emergency Night Number: _____

Mother's Date of Birth: _____ Father's Date of Birth: _____

Insurance Co: _____ Insurance Co: _____

Policy Number: _____ Policy Number: _____

In case of an accident or injury, your child will be taken to the nearest emergency facility. The parent should authorize the physician, at the time of registration, to accept any call from Church of the Ascension staff for emergency medical attention.

(Date)

(Signature of Parent or Guardian)

Parent/Guardian Authorizations and Acknowledgments

This page contains authorizations pertaining to Parent's Night Out. The information provided on registration form is complete and correct, and that your child is able to engage in all activities except where limitations have been noted. I understand that the Church of the Ascension's supervision for my child begins when:

a) My child arrives at the Church of the Ascension's facility and is checked in by the Church of the Ascension personnel.

_____/_____ **initials**

I understand that the Church of the Ascension's responsibility for my child ends when my child is signed out from the program by myself or another adult authorized to pick up my child. I understand that I am not to leave my child at the Church of the Ascension unless released to a Church of the Ascension staff person who is there to receive and supervise my child.

_____/_____ **initials**

Authorized Child Pick-Up: I understand that my child will not be released to any person that has not been designated on the registration form as "authorized to pick up". I understand that additions to the "authorized to pick up" list must be made in-writing and faxed or delivered to the Church prior to the time this person is scheduled to pick up my child. I also understand that should an authorized person arrive to pick up my child that exhibits behavior as if under the influence of drugs or alcohol, the Church of the Ascension reserves the right to not release your child to that individual if we believe your child could be placed in possible danger. The police and/or CPS may be contacted if another alternative is not reached.

_____/_____ **initials**

Authorization for Emergency Medical Attention: In the event that I cannot be reached to make timely arrangements in an emergency, permission is given to the Church of the Ascension staff or their representatives to transport my child to the nearest emergency facility and/or to secure the intervention of medical personnel deemed to be necessary treatment, including hospitalization, for my child.

_____/_____ **initials**

I understand that neither the Church of the Ascension nor its representatives can be held responsible in the events of an accident, injury, or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.

_____/_____ **initials**

Signature of Custodial Parent/Guardian

Date