

## 2018/2019 W.A.S.P. Enrollment

**New Child Yes? Or No? (please circle one)**

### CHILD'S INFORMATION

Child's Name: \_\_\_\_\_ Child's

Nickname(s): \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age Today: \_\_\_\_ Grade: 6 7 8

Child's Teacher:

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Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

With whom does this child live?  Both parents  Mother  Father

Other: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_' \_\_\_\_" Weight: \_\_\_\_lbs

Primary Language: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Ethnicity:  American Indian  Asian  African American  Native Hawaiian/Pacific Islander  White  Other: \_\_\_\_\_

Do you have a home church?(please circle one) Yes or No

## PARENT/GUARDIAN INFORMATION

**1st Parent Name** \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation/Trade \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Hours at Work \_\_\_\_\_

Preferred E-Mail \_\_\_\_\_

Home Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Preferred Phone #  Home  Business  Cell

**2nd Parent Name** \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation/Trade \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Hours at Work \_\_\_\_\_

Preferred E-Mail \_\_\_\_\_

Home Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

## FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize WCC to transport my child to the nearest medical facility and to secure for my child the necessary medical treatment. The W.A.S.P. Ministry Director is trained in the basics of First Aid and CPR and I authorize him/her to give my child the necessary treatment.*

Child's Physician/Clinic Name:  
\_\_\_\_\_

Physician's Address: \_\_\_\_\_  
Physician's Phone: \_\_\_\_\_

Child's Dentist/Dentist Office  
Name: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_  
Dentist's Phone: \_\_\_\_\_

Child's Allergies (please indicate if there are none):  
\_\_\_\_\_  
\_\_\_\_\_

Reaction: \_\_\_\_\_

Does your child take any medications?  Yes  No

If yes, Name of Medication: \_\_\_\_\_

Time of Day: \_\_\_\_\_

Dietary Restrictions/Other Health Conditions?  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy/ID  
Number: \_\_\_\_\_

**Emergency Contact:**

*Parent/Guardian to be contacted first:*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*If the above Parent/Guardian cannot be reached:*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone:

\_\_\_\_\_

*If neither of the above Parent/Guardians can be reached, I give permission for WCC to contact any of the Authorized Adults in the case of an emergency.*

**Parent/Guardian Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

***Authorized Adults to Release my Child from WCC After School Program (you do not have to list yourself or other parent):***

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list below any people who may not pick up your child without additional written permission.

*(Copies of any court order to support this should must be handed in and kept with this form).*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **PARENT/CHILD BEHAVIOR POLICIES PARENT BEHAVIOR POLICY**

W.A.S.P. expects that all adults in contact with the staff, program families, administrators, children and board members act respectfully and appropriately at all times. Behavior which is abusive, disruptive or uncooperative will not be tolerated. Inappropriate behavior such as these will be grounds for review by the staff of Woodlawn Christian Church. This behavior includes parents arriving on the premise under the influence of drugs or alcohol.

*In the event of inappropriate conduct, the following procedures will be instituted:*

The individuals involved will be asked to attend a meeting in a timely manner to address the concerns. Documentation of the event and meeting will be placed on file. When warranted, consideration for suspension, termination or decline to re-enroll the family in the program, will be determined by the staff of WCC.

Families will be informed, in writing, of the decision made by the staff of WCC. If we feel that your child's safety is being compromised in any way, we will help seek alternative transportation. We reserve the right to call the appropriate authorities, if necessary. This decision will be made to insure the safety and well-being of program families, staff, administrators, and children

## **CHILD BEHAVIOR POLICY**

I understand that my child may be restricted from certain activities during program hours if his/her behavior is deemed unacceptable by the staff and volunteers of WCC. If my child is suspended from the program, I agree to pick up my child IMMEDIATELY upon notification by W.A.S.P. personnel. I understand that if I am not available to respond to request for immediate pick-up, W.A.S.P. personnel reserves the right to contact any of my emergency contacts or authorized adults to release my child. W.A.S.P. personnel reserves the right to contact the local police department if the child's behavior is deemed at risk to him/herself or another person at the facility.

I understand that I will be held financially responsible for any destruction of Woodlawn Christian Church or school property caused by my child.