

**A Kingdom Connection Changing Lives (AKCCL) Before & After School Enrichment Program Enrollment Form**

**STUDENT INFORMATION**

School: \_\_\_\_\_ Year: \_\_\_\_\_ Semester: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender M / F (Circle) DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender M / F (Circle) DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender M / F (Circle) DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Parent/Guardian's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_  
 Employer: \_\_\_\_\_ City: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

\*\*\*\*\*STUDENT DISMISSAL – CHECK THE BOX FOR INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD\*\*\*\*\*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PERMISSION AND RELEASES**

I give AKCCL's authorized personnel permission to transport my child, in the event that I or the contact(s) list above is unavailable or unable to be contacted, and my child requires transportation. I give my child permission to participate in all physical education activities. I consent to the use of any photograph of my child/dependent/self, and/or any copies of this photograph in any editorial and/or promotional material produced and/or published. **\*\*In case of an accident, serious injury, or illness, the program will contact you. In the event that we cannot reach you, your signature below authorizes officials of the AKCCL to take whatever action is deemed necessary, in their judgment, for the health and safety of your child. It is given to provide consent for medical care.\*\***

**HEALTH INFORMATION**

Please indicate if your child has any specific medical considerations on the lines provided:

Allergies (Food/Medications): \_\_\_\_\_

**REGISTRATION COST**

Registration is twenty-five dollar (\$25.00) required each year per student.

Payment Due: \_\_\_\_\_  Cash  Check #: \_\_\_\_\_  Money Order #: \_\_\_\_\_  
 Credit Card Type (\$3.50 Processing Fee): Visa  MasterCard  American Express  Discover  
               
 Exp   /   CVC    Billing Zip Code

**SIGNATURE/AUTHORIZATION**

My signature below confirms authorization of payment and indicates that I have provided the information above to the best of my ability.

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