

Date Received: _____

Initials: _____



REGISTRATION FORM

Please list the names of each child you are enrolling, his/her date of birth, social security number, age and grade that the child will be going to once he/she is enrolled.

CHILD'S NAME	DATE OF BIRTH	SOCIAL SECURITY NO.	AGE	GRADE

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name:		Social Security Number:		
Mother's Address:		City:	State:	Zip:
Home Phone:		Work Phone:	Cell Phone:	
Employer's Name:				
Employer's Address:				
City:		State:		Zip:
Normal Work Hours: From: _____ (am/pm) Until: _____ (am/pm)				
Home Email:		Work Email:		

Father/Guardian Name:		Social Security Number:		
Father's Address:		City:	State:	Zip:
Home Phone:		Work Phone:	Cell Phone:	
Employer's Name:				
Employer's Address:				
City:		State:		Zip:
Normal Work Hours: From: _____ (am/pm) Until: _____ (am/pm)				
Home Email:		Work Email:		

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EMERGENCY AND HEALTH INFORMATION**I. Authorized Pick-up and Emergency Contact Information**

Child(ren) will be released only to the custodial parent(s) or legal guardian(s) and the person(s) listed below. The persons will also be contacted and are authorized to remove you child(ren) from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) cannot be reached:

	Name	Relationship to the Child	Home Phone	Work Phone	Cell Phone
1.					
2.					
3.					
4.					

II. HEALTH INFORMATION

Please note any conditions that may affect your child and any symptoms that may help us identify possible problems:

Child's Name	Allergies & Symptoms	Medical Conditions & Symptoms
1.	A. _____ B. _____ C. _____ D. _____	A. _____ B. _____ C. _____ D. _____
2.	A. _____ B. _____ C. _____ D. _____	A. _____ B. _____ C. _____ D. _____
3.	A. _____ B. _____ C. _____ D. _____	A. _____ B. _____ C. _____ D. _____
4.	A. _____ B. _____ C. _____ D. _____	A. _____ B. _____ C. _____ D. _____

III. NOTICE OF MEDICAL CONSENT

I, _____ (Parent or Legal Guardian), hereby grant permission for the staff of LFCC Outreach Development Corporation to follow standard first aid procedures in the event of an accident or injury to my child. I understand the LFCC Outreach Development Corporation will attempt to notify me, or my designated emergency contact persons, if an accident or illness occurs. If I cannot be contacted, the staff is authorized to contact my child's physician and follow his/her instructions. If my child needs to be transported to a local hospital, I authorize the staff of LFCC Outreach Development Corporation to release or divulge to the hospital personnel any relevant information pertaining to my health insurance carrier to expedite the emergency treatment of my child. I understand that I am liable for any medical costs incurred.

Physician's Name:	Physician's Phone Number:
Physician's Address:	
Insurance Carrier:	Policy Number:
Hospital Preference: <input type="checkbox"/> Tallahassee Memorial Hospital <input type="checkbox"/> Capital Regional Medical Center	
Parent/Guardian Signature:	Date:

LFCC Outreach Development Corporation, LLC

1410 East Indian Head Drive ♦ Tallahassee, FL 32301

850.878.4930 ♦ icamp@thelfcc.org

IV. PERMISSION TO PHOTOGRAPH/VIDEOTAPE YOUR CHILD

LFCC Outreach Development Corporation reserves the right to photograph and/or videotape your child (ren) during functions. These pictures may be utilized in publications and/or on the website.

LFCC Outreach Development Corporation (circle one) **DOES** / **DOES NOT** have my authorization to photograph/videotape my child (ren) _____. (*please print*)

V. ACTIVITY RESTRICTIONS

Please list any activities you desire to restrict your child from participating in:

	NAME	ACTIVITY	REASON	TIME FRAME
1.				<input type="checkbox"/> Temporarily until _____ <input type="checkbox"/> Permanently
2.				<input type="checkbox"/> Temporarily until _____ <input type="checkbox"/> Permanently
3.				<input type="checkbox"/> Temporarily until _____ <input type="checkbox"/> Permanently
4.				<input type="checkbox"/> Temporarily until _____ <input type="checkbox"/> Permanently
5.				<input type="checkbox"/> Temporarily until _____ <input type="checkbox"/> Permanently

VI. COVENANT AGREEMENT

Covenant: def: a pact or agreement made between two parties

I, _____ (*Parent/Guardian Name*), enter into a covenant agreement with LFCC Outreach Development Corporation as its staff members help to shoulder the responsibility of educating my child(ren), _____ (*Student Name*). Therefore, I will support this organization in any way that I can. I realize that LFCC Outreach Development Corporation serves as extensions of my hands, and together, as partners, we will dream deep, reach high and therefore achieve. I understand that LFCC Outreach Development Corporation has an open door policy and that I have unlimited, direct access to my child during regular business hours and at any time my child is in attendance, and I am encouraged to visit my child at any time to help carry out this covenant. I understand that I am responsible for familiarizing myself with all policies and procedures in the Parent/Guardian handbook and also for ensuring that both my child and I adhere to said policies.

Parent/Guardian Signature

Date

VII. DISCIPLINE POLICY

The following procedures will be used with children in the following order:

- I. Two verbal warnings by instructor.
- II. Prayer-out in the classroom under instructor supervision
- III. Prayer-out in the administrative office under adult supervision and/or Christian-centered counseling with conflict resolution
- IV. Phone call to parent so that parent can speak with child.
- V. Loss of special privileges

PLEASE NOTE:

- There is **ZERO** tolerance for bullying, fighting and disrespect for adult administrators
- Children shall not be subject to discipline that is severe, humiliating or frightening
- Discipline shall not be associated with food, rest or toileting
- Spanking or any other form of physical punishment is prohibited

In all situations, we believe that children should be disciplined with love and an understanding of their developmental level. No form of corporal punishment will be used at any time with children in the LFCC Outreach Development Corporation as it relates to childcare services.

Please refer to the Parent/Guardian Handbook for more information regarding child discipline, guidance and positive redirection.

Parent/Guardian Signature

Date