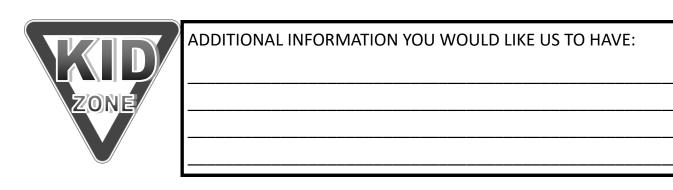


Gillam-Grant Community Center Before & After School Program

2024-2025 Registration

Participant Name:					
Address:					
Current Grade:	Date of Birth:	Please Check One:	Boy Girl		
Before School	After School	Both			
Full Time	Part Time (Please cir	cle days needed): M T W TH F			
Anticipated Drop Off Time (b	refore school)	Anticipated Pick Up Time (after school)			
Parents/Guardians:					
Name:					
Address:					
Home Phone:	Work Phone:	Cell Phone:			
Email Address:					
Address:					
Home Phone:	Work Phone:	Cell Phone:			
Email Address:					
Emergency Contacts (ot	her than above):				
Name:	Relationship:	Phone:			
Name:	Relationship:	Phone:			



MEDICAL INFORMATION

Check if applicable and give approximate dates:

History of:	Allergies:	Diseases:
Ear Infections:	Hay Fever:	Chicken Pox:
Rheumatic Fever:	Ivy Poisoning:	Measles:
Convulsions:	Insect Stings:	German Measles:
Diabetes:	Penicillin:	Mumps:
Behavior:	Other Drugs/FOODS:	Asthma:
ADD/ADHD:	Other:	Other:

	Convulsions:	Insect Stings:	German Measles:	
	Diabetes:	Penicillin:	Mumps:	
	Behavior:	Other Drugs/FOODS:	Asthma:	
	ADD/ADHD:	Other:	Other:	
Operat	ions or serious injuries:			
Chronic	or recurring illness:			
Other [Diseases or details:			
Any act	civity restrictions:			
	=======================================			==
PHYSIC	IAN INFORMATION			
Physici	an Name:	Phone #		
Addres	s:			
Insurar	ice Policy Name	Policy #		
	·	N: This registration and health history is true to n all prescribed center activities, except as note	, , ,	
Initial	,	to the physician selected by Gillam-Grant Comm	•	
а	nd to order injections, anesthesia or	r surgery for my child as named on the registrati	on form.	
F	telease: I/We the parent(s) or guard	ian(s) of the child named on the reverse side of t	:his form, who is enrolling in the Kid Z	one After
		r his/her participation in activities related to this		-
	•	lam-Grant Community Center, the instructors, to ill be hereby waived against the above mentions	•	al School
L	or in case or injury, an ciallis w	in be hereby waived against the above mentione	zu.	

Parent/Guardian Signature:	Date:

PARENT HANDBOOK 2024-25 SIGNATURE PAGE

RETURN THIS PAGE WITH KID ZONE REGISTRATION FORM. THANK YOU!

I have read the attached Parent and Student Handbook . I understand the rules, payment expectations and policies.				
Student Name:				
Parent Name (printed):		Date:		
Parent Signature:				
GENERAL PICTURE/VIDEO RELEASE				
I,, myself or parent/guardian of the minor child listed above, do give permission for our picture and/or video participating in Gillam-Grant Community Center (GGCC) activities be used to display, promote and publicize GGCC. I confirm that I have the right to give permission for myself or my child without restriction or commitment to other parties, and that GGCC has no financial commitment or obligation to me or my child as a result of this agreement. I expressly release and indemnify GGCC from any and all claims known and unknown arising out of or in any way connected to the above-granted uses and representations. I have read the foregoing and understand and agree to the terms and stipulations as shown above.				
Signature:	Da	te:		
DISMISSAL PERMISSION LIST Please list all individuals who have your permission to pick up your child in your absence. Please notify these individuals that they will be required to provide photo identification to the Gillam-Grant staff. Phone permission to release to anyone not on this list will only be allowed in extreme situations.				
NAME(S):	PHONE NUMBER(S)	RELATIONSHIP TO CHILD		
1.				
2.				
3.				
4.				
5.				
6.				