



After School 3:30 – 5:30 p.m.
September 2017- May 2018

416 W. Betz Road, Cheney 509.235.6199 – office@cheneyag.org

Child's Information			
Child's Name	Date of Birth	Age	Gender
Grade	Name of School/Home School	City	

Parental/Guardian Information						Same as Siblings					
Parent's/Guardian's Name						Parent's/Guardian's Name					
Home Phone	Cell/Text	Work	Home Phone	Cell/Text	Work						
Email						Email					
Address						Address					
City, ST ZIP Code						City, ST ZIP Code					

Emergency Contacts						Same as Siblings			<input type="checkbox"/>		
Primary Emergency Contact						Secondary Emergency Contact					
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone						
Relationship to Child						Relationship to Child					

CONTINUES ON OTHER SIDE

Medical Information and Release	
Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations, including food	

Game Time During Kids U at times we play games. The games may be high energy. Are there any of your children that should not participate? Choose an item.	
Yes or No If yes, please list the specific limitations?	
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.	
Parent's/Guardian's Name (Please Print)	
Parent's/Guardian's Signature	Date
Off Campus - I give permission for my child to go on field trips/activities/parks off campus. I release Amazing Grace, its agents, employees and volunteer assistants from liability in case of accident during activities. Choose an item.	
Parent's/Guardian's Name (Please Print)	
Parent's/Guardian's Signature	Date

CONTINUES ON OTHER SIDE

COST – FREE

However we do have the Fire Bible available for purchase \$25 Money is due at the time of order

Do you want to purchase one? Choose an item.

Publication of Child's Information

Same as Siblings

This form is intended to give us information and permission to post photos or first name of your child on the internet and printed publications sharing and/or promoting events and ministries of Amazing Grace Fellowship.

TO BE COMPLETED BY THE PARENTS: Please select the appropriate options:

In the event that there are custody issues or parents are separated or divorced an authorization of both parents may be required.

	I Do	I Do Not
I give my permission for Amazing Grace Fellowship church to publish my child(ren)'s individual picture on the internet, in church media shows, memory books, promotional media venues and for instructional purposes. (This includes the local/regional media (newspaper and TV), in regards to or about activities relating to Amazing Grace Fellowship now through September 2018.	<input type="checkbox"/>	<input type="checkbox"/>

I give my permission for Amazing Grace Fellowship church to publish my child(ren)'s first name on the internet, in church media shows, memory books, promotional media venues and for instructional purposes. (This includes the local/regional media (newspaper and TV), in regards to or about activities relating to Amazing Grace Fellowship now through September 2018	<input type="checkbox"/>	<input type="checkbox"/>
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We will be taking photos of students for the class materials. I give my permission for Amazing Grace Fellowship church to photograph my child, for this photo to be used for class material September 2017- September 2018.	<input type="checkbox"/>	<input type="checkbox"/>
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I understand that I can revoke this permission at any time with a letter to the Pastor, church secretary or ministry team leader. The Pastor/church secretary/ministry team leader will then remove my child's picture and/or first and last name but cannot guarantee its complete removal from everywhere on the Internet, due to the ease of creating links to and copying material from the Internet.

Parent's/Guardian's Name (Please Print)

Parent's/Guardian's Signature

Date

People Authorized to Pick Up Child – PHOTOS ID of these people REQUIRED				Same as Siblings <input type="checkbox"/>	
Person's First and Last Names		Person's First and Last Names			
Home Phone		Cell Phone			
Person's First and Last Names		Person's First and Last Names			
Home Phone		Cell Phone			

PARENTS/LEGALGUARDENS:

NO CHILD WILL PERMITTED TO LEAVE THE AGF BUILDING OTHER THAN WITH AUTHORIZED PERSON. PHOTO ID REQUIRED

Children need to be picked up at 5:30 p.m. as we have Youth Ministries starting at 6 p.m.

Children will be required to sign in each week and be asked if they have homework. We will have leaders available to assist children with homework.

OPEN HOUSE – Wednesday, Sep 6 3:3-5:30 p.m.