



Registration Application for Agape Village AFTER-SCHOOL PROGRAM

Church _____ Program _____

A. Parent/Guardian Information: Name: _____

Family Size: _____ Home Phone: _____ Pager/Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

B. Student Information Days in Attendance (Circle all that apply): M T W Th F

Last Name: _____ First Name: _____

Check here if same address as Parent/Guardian

Gender: _____ Race: _____ Current Grade: _____

Current School: _____ City/State: _____

Current Homeroom Teacher: _____

Final Grades from 2001-2002 School Year

English	Math	Science	Social Studies

Subject Area for Tutoring (Check all that apply)

Reading/Spelling/English Math Science Social Studies

C. Medical Information:

Does your child ...	
Have Special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have Health Problems? Please list.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Take medications? Please list all medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Physician or Health Clinic	
Phone Number:	
Hospital Preferred for Emergency Treatment	
Health Insurance Policy Name and Plan Number	

D. Emergency Contact Information

In the case of an emergency, please contact or release my child to the following individuals.

1. Name of Contact _____ Phone: _____ Relationship _____
2. Name of Contact _____ Phone: _____ Relationship _____
3. Name of Contact _____ Phone: _____ Relationship _____

Parent Commitment Contract

I hereby give permission for my child to participate in the Agape Village After School Program at _____(location) sponsored by the Skillman Foundation on the day(s) I register him/her for. **I further understand that if there are any changes in his/her schedule, I will notify the Agape Village Program in order for another child to fill the vacancy.**

I agree to:

- Allow my child to participate in all on-site and field trip activities;
- Pay all costs associated with any necessary medical treatment that may arise while my child is in the program;
- Assume full responsibility for any injuries, damages, and/or loss which my child may sustain as a result of participation in selected activities;
- Release, exonerate, and discharge Agape Village and its officers, directors, agents, representatives, employees, and community partners from any and all claims of liability, damages, actions or causes of action for any injuries suffered by my child while enrolled in the program;
- Arrange and provide transportation for my child to and from the program;
- Ensure my child has his/her materials at every Agape Village session for the day(s) he/she attends;
- Work with the Agape Village staff regarding any disciplinary concerns regarding my child; and,
- **Commit to 2 of the following:**
 - Chaperone off-site field trips
 - Attend monthly Friday Family Enrichment Programs at Messiah Baptist Church
 - Volunteer at least 2 times a month to assist Agape Village staff at designated site

Finally, I understand the following materials **MUST** be turned in **BEFORE** my child's application will be considered for enrollment in the Agape Village Program:

- Copy of Final report card from 2001-2002 school year (if applicable)
- Completed Registration Application

Child's Name

Parent/Guardian signature

Date