



*For all of life's needs,
Jesus is the source!*

Child's Name: _____

(First)

(Middle)

(Last)

Gender: () Female () Male Age: _____

Home address: _____

City: _____ State: _____ Postal/Zip Code: _____

Telephone: _____ cell: _____ (include area code)

Parent email: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____

(Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Snacks: Snacks will be provided at each day at no additional charge.

Payments: Tuition may be paid by cash or by check. Make the check payable to: The Source: A New Community of Faith. Fees must be paid by Monday at noon of each week before student can attend the program. We also accept payments from Family Guidance.

Family Guidance clients _____ initial here

After school fee: \$50 per week. Registration fee: \$25. We do not provide make-ups or refunds for any days missed for any reason.

After school times: The Source after school program will be open each day that TRHS is open.

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, to treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor: _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

I hereby give permission to The Source to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT I hereby state that (student's name) _____ is in good mental and physical health condition to participate in the activities provided by The Source, including but not limited to all aspects of sports activities. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release The Source, its employee and its staff from liability to the above-named student, of the person claiming through him/her, arising from injury to the person or property of the above-named student occurring in the premises of The Source, including any event sponsored or sanctioned by The Source, and or travel to and from such activities.

I understand that The Source has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in its scheduled program and that The Source, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____