

GRACE CHRISTIAN CHURCH AFTER SCHOOL CARE PROGRAM
8/26/2019 – 6/12/2020, 1st through 6th Grade

FAMILY INFORMATION (Please Print Clearly.)

Parent's Name(Last, First):		For Office Use Only	
Home Phone#:			
Parent's Email:			
Alternate Email/Text#:			
Home Address:			
City:	State:	Zip Code:	
Mother's Cell#:	Father's Cell#:	Other Cell#:	
Emergency Contact: Name(Last, First)		Phone#	

ENROLLED CHILDREN INFORMATION (Please Print Clearly.)

Child's Name(Last, First)	Rising Grade (2019-2020)	Allergies/Symptoms/Treatments Notes
1.		
2.		
3.		
4.		

REGISTRATION INFORMATION

A nonrefundable registration fee of \$45 is due upon receipt of application and will be credited to the applicant's account at the end of the semester. GCC's mailing address is 13515 Dulles Technology Dr. Suite 2 Herndon, VA 20171. Space is limited; please register early. Your application will be processed on a space-available basis. For any questions, please contact the GCC Church Office at: **703-471-4046**.

GCC EVENT AND PROGRAM/CHURCH ATTENDANCE INFORMATION (Please check any that applies.)

- We received GCC After School Care Program information via: GCC announcement/email/website. My GCC friend, Name _____.
- WeChat group Flyers Others _____.
- My child/children attended other GCC event and program in the past
- We attend church regularly. Which church? _____
- We don't attend any church.
- We are not interested in getting future communications from GCC. (The communications would include the information about church picnics, family fun night, Christmas Eve service, parenting conferences, Easter egg hunt, etc.)

AUTHORIZATION FOR PICK UP AT SCHOOL (REQUIRED)

I hereby authorize GCC After School Program staff picking up my kid(s) at _____ school and dropping off at GCC on a regular basis.

Signature of Parent/Legal Guardian: _____ Date: _____

AUTHORIZATION FOR PICK UP AT GCC (REQUIRED)

The following people are authorized to pick up my kid(s) from the GCC After School Care Program. I understand my kid(s) will be allowed to leave with these individuals only. Photo ID will be asked at the checkout. (Be sure to include yourself.)

Authorized Person's Name(print clearly)	Relationship to the child/children	Contact phone number (day time)

*Please finish both sides of the registration form and **sign all the "Required" sections** before you submit the registration form. We will not be able to process your Child/Children's registration if any required signature is missing.

報名表為兩面, 請翻面繼續填寫並在指定處簽名, 以免您孩子的報名手續受到耽延。

ALTERNATIVE EMERGENCY CONTACT (REQUIRED)

Please designate the order in which to contact should we not be able to reach either parent.

Name (print clearly)	Relationship to the child/children	Contact phone number
()	Relative/Friend	
()	Neighbor	
()	Physician	

CONSENT TO PHOTOGRAPH (Required)

Initial _____ I agree to grant Grace Christian Church (GCC) permission to photograph my child/children during the attendance of GCC After School Care Program. The photographs may be used on GCC website, internal printout or slides. GCC will not use my child's/children's last name(s) in conjunction with their photographs in any of GCC publications.

MEDICAL RELEASE (Required)

Initial _____ I agree to grant Grace Christian Church(GCC) staff permission to render medical treatment/care that they deem appropriate to participant(s) and will be solely responsible for any medical costs that may be incurred. See the "PARTICIPANT AGREEMENT AND LIABILITY WAIVER" section for details.

APPLICANT SIGNATURE(Required)

Signature of Parent/Legal Guardian:	Date:
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PARTICIPANT AGREEMENT AND LIABILITY WAIVER

In consideration of being accepted into the GCC After School Care Program, I/We do hereby release, forever discharge and agree to hold harmless Grace Christian Church of Herndon, VA, its staff, employees, leaders, directors and other volunteers from any and all liabilities, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant(s) that occur while said child/children is/are participating in any program activities, regardless of the location(s) of such activities.

Furthermore, I/We shall assume all risks of personal injury, sickness, death, damages and expenses as a result of my child's/children's participation in all aspects of the above referenced activities/events. Such risks may include exposure to other participants who are ill or have special medical conditions.

Further, I/We grant permission for him/her to participate fully in all GCC After School Care Program activities, events or trips. Grace Christian Church of Herndon or its agents are authorized to furnish any necessary transportation, food and lodging for the participant(s).

The undersigned agrees to hold harmless and indemnify Grace Christian Church of Herndon, VA and its agents for any liabilities and related expenses sustained by said Church as the result of the negligent, willful or intentional acts of said participant(s).

Permission is granted to take said participant(s) to a doctor or hospital if needed. I/We authorize medical treatment, including but not limited to, emergency surgery, and assume the responsibility of all medical bills, if any.

SIGNATURE FOR WAIVER (Required)

Signature of Parent/Legal Guardian:	Date:
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DISCIPLINE POLICY 請家長與參加的孩子仔細閱讀紀律守則後簽名

Your participant(s) is/are to obey the directions of the adult and teen leaders in charge during the attendance of the program.

- Respect for staff and other children are expected.
- Appropriate language and behavior are expected.
- No dangerous or rough play is allowed.
- No teasing or bullying is allowed.
- Final decisions regarding acceptable behavior or the consequences of it are at the discretion of the GCC adult leaders in charge.
- No electronic devices are allowed for use during the program hours
- Modest attire is expected: no short shorts, cut-offs, bare midriffs, tank tops or halter tops.

As participant/participants in the GCC After School Care Program, I understand and agree to follow the rules and regulations as determined by GCC for this program. I have reviewed the discipline policy with my child/children and we understand and agree with what is expected of my child/children. **We also understand that failure to follow the rules and regulations could result in the dismissal of my child/children from the program.**

SIGNATURE FOR DISCIPLINE POLICY (Required)

Signature of Parent/Legal Guardian:		Date:
Signature(s) of Child/Children	Child 1.	Date:
	Child 2.	Date:
	Child 3	Date:

*Please finish both sides of the registration form and sign all the required sections before you submit it. We will not be able to process your Child/Children's registration if any required signature is missing.
報名表為兩面，請仔細填寫並在指定處簽名，以免您孩子的報名手續受到耽延。