

RAP

Resurrection After School Program

REGISTRATION FORM

2009 – 2010

Today's Date:

CHILD(REN) INFORMATION

Child's Last Name:	First:	Middle:	Grade Level in Fall 2009:
			<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

Have you ever visited RAP before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nickname:	Birth Date: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Activity Interests:
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Home Address:	School Name:	Home Phone : ()
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Reason for choosing RAP or referral by:

<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Flier or posted information	<input type="checkbox"/> Other: _____
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Other family members previously at RAP?

PARENT/GUARDIAN(S) INFORMATION

1. Guardian Last Name:	First:	Relationship:	Cell Phone : ()
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Home Address:	Home Phone : ()
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Work Address:	Work Phone : ()
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E-mail Address:

2. Guardian Last Name:	First:	Relationship:	Cell Phone: ()
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Home Address:	Home Phone : ()
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Work Address:	Work Phone : ()
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E-mail Address:

PROGRAM INFORMATION

(Please indicate enrollment information to the best of your ability. We understand plans may change after time of registration.)

I request that my child(ren) be enrolled for the following days:

BEFORE SCHOOL	AFTER SCHOOL
Monday	Monday
Tuesday	Tuesday
Wednesday	Wednesday
Thursday	Thursday
Friday	Friday

Please circle the plan in which you wish to enroll your child: HOLIDAY PLAN REGULAR PLAN

What time will you usually drop off (before school RAP) and/or pick up your child (after school RAP)? _____

(MORE INFORMATION TO BE COMPLETED ON BACK)

I give permission for RAP to use photographs of my child(ren) for publicity purposes. ___ Yes ___ No
I have read the policies in the RAP Parent Handbook and agree to adhere to the rules and procedures stated herein.
I understand that my signature on this form represents a commitment to this schedule.

DATE: SIGNATURE:

GENERAL INFORMATION

Allergies or Food Concerns:

Is there any special information to better enable us to care for your child(ren)?

I GIVE PERMISSION TO THESE PERSONS TO PICK MY CHILD UP FROM RAP WHEN I AM UNABLE:

Name:	Name:	Name:
Phone:	Phone:	Phone:
Relationship:	Relationship:	Relationship:

IN CASE OF EMERGENCY

PERSONS TO CONTACT IF PARENT(S) CANNOT BE REACHED BY PHONE:

Name:	Name:	Name:
Phone:	Phone:	Phone:
Relationship:	Relationship:	Relationship:

PREFERRED PHYSICIAN: PHONE:

I GIVE PERMISSION FOR _____ TO RECEIVE EMERGENCY MEDICAL ATTENTION DURING THE HOURS OF RAP IF I CANNOT BE REACHED. THE STAFF OF RAP WOULD ARRANGE FOR THIS. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE COST OF EMERGENCY CARE PROVIDED FOR MY CHILD(REN).

DATE: SIGNATURE:

FIELD TRIPS

I GIVE PERMISSION FOR _____ TO TRAVEL AWAY FROM THE RESURRECTION LUTHERAN CHURCH BUILDING BY EITHER FOOT OR PUBLIC TRANSPORTATION. I UNDERSTAND THAT THIS FORM WILL ACCOMPANY MY CHILD(REN) ON TRIPS AWAY FROM RESURRECTION.

DATE: SIGNATURE:

Or mail to:

*RAP – Resurrection After School Program
3309 N. Seminary Avenue
Chicago, IL 60657*

APPLICATION MUST INCLUDE:

___ Application Fee \$25.00/family ___ Deposit \$50.00/family ___ Materials Fee \$50.00/child

FOR OFFICE USE ONLY:

___ Medical Examination Form ___ Application Fee ___ Deposit ___ Materials Fee