



# Salem School Age Ministry

## REGISTRATION FORM

### 2011~2012

Child's Full Name \_\_\_\_\_ Goes by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home # ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ 2011-2012 Grade \_\_\_\_\_ School \_\_\_\_\_

**Please circle one:**    *Full Time* (5 days a week)                      *Part Time* (3 days or less) please circle days

M   Tu   W   Th   F

E-mail address (please print) \_\_\_\_\_

Please list any allergies/food restrictions/physical conditions we need to be aware of:

\_\_\_\_\_

Please list any medications your child takes: \_\_\_\_\_

Emergency Contact Information – In the case that a parent cannot be reached or pick up child, please complete the following:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Number \_\_\_\_\_

Other than parents and those listed above, please list people allowed to pick up your child. These are the only people we will release your children to without prior written consent.

\_\_\_\_\_

**Cost: Full Time- \$60 & \$55 for additional child    Part Time- \$45**  
**Teacher Workday (7:00 am ~ 6:00 pm) \$20 per child**

**PLEASE RETURN WITH THE MEDICAL RELEASE FORM & \$60 REGISTRATION FEE**

*Thank you for supporting Salem S.A.M.! We love serving your family!*