

NLCC Before and After School Program Registration

To register complete this application and email it to Karisa Morris, Program Coordinator. For questions, call 404-381-6731, Ext. 12

## **New Life Registration Application**

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Entrance Date Withdrawal Date

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Child's Name Sex Age Birth date

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Home Address

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City State Zip Code Home Telephone Cell Phone

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Father's Name/Home Address/ Telephone Number, if different from child's

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Place of Employment/Address of Employment/Business Number

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Mother's Name/Home Address/ Telephone Number, if different from child's

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Place of Employment/ Address of Employment/ Business Number

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Child's Living Arrangements (circle one): Both Parents Mother Father Other

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Child's Legal Guardian(s) (circle one): Both Parents Mother Father Other

This Child may be released to the person(s) signing this agreement or to the following:

Names Address

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Persons to contact in the case of an emergency when parents cannot be reached:

Name

Telephone

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Name of school child attends:

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Child's Physician or Clinic's Name (Child's Primary Health Source)

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Telephone Number

My child has the following need(s):

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The following special accommodations (s) may be required to most effectively meet my child's needs while at this center.

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List the age appropriate immunizations that you child has received.

Ages 5-10

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Ages 11-13

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My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illnesses, physical problems, mental health disorders, mental retardation, developmental, allergies or health concerns:

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Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_