



Conqueror Kids

After-School Program

After-School Care Rate: \$10 per student/day; \$90 weekly family maximum

Child's Name	Gender	DOB	Grade	Allergies	School

Student/Family Information

Mother or Female Guardian Information

First _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell phone _____

E-mail _____

Occupation _____ Employer _____

Father or Male Guardian Information

First _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell phone _____

E-mail _____

Occupation _____ Employer _____

ConquerorKids After School Program

Hosted by Tabernacle Christian School
 1225 29th Avenue Drive NE · Hickory, North Carolina
 tabernaclechristianschool.org · (828) 324-9936

"But grow in grace, and in the knowledge of our Lord and Saviour Jesus Christ..." 2 Peter 3:18

Person responsible for payment:

Mother Father Other:_____ If other, please give the email address of the financially responsible party:_____

Child lives with:

Mother Father Both Parents Other:_____

Emergency Contact Information - Alternate Pick-Up/Release

In case of illness, medical emergency, or need for pick-up, the following people (in addition to parents listed above) may pick up my child(ren).

NAME	RELATIONSHIP	ADDRESS	PHONE

Medical Release Information

Insurance Information

Name of Health Insurance Provider_____

Policy Number_____ **Physician**_____

Address_____

Phone_____

Hospital Preference: Frye Regional Medical Center Catawba Valley Medical Center Other

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain:_____

Does your child require a special diet?

Yes__ No__ If yes, explain:_____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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Medical Release

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during the ConquerorKids After School Program. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of ConquerorKids After School Program.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official ConquerorKids activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

ConquerorKids and Tabernacle Christian School are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian:

How did you hear about ConquerorKids After School?

- Summer Camp Website School _____
 Word-of-Mouth Other _____

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