



RANKIN CHRISTIAN CENTER

APPLICATION / REGISTRATION FORM

Fee \$90
per semester

1/17/2018

STAFF USE **Date Received:** _____ **Received By:** _____ **Card #:** _____

NAME / CONTACT INFORMATION

Participant's Name: (Last) _____ (First) _____ (MI) _____

Participant's Birthdate: _____ Gender: Male or Female

Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian (Printed Name): _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Other Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION

1. Emergency Contact Name: (First) _____ (Last) _____

Home Phone: _____ Cell Phone: _____ Relationship: _____

2. Emergency Contact Name: (First) _____ (Last) _____

Home Phone: _____ Cell Phone: _____ Relationship: _____

RACIAL / ETHNIC GROUP

American Indian or Alaska Native		White	
Hispanic or Latino		Asian	
Black or African American		Other:	

MEDICAL / HEALTH INFORMATION

Current Medical Conditions: _____

Are you receiving any Behavioral Health Services? yes or no

If yes, please provide Behavioral Health Provider Name: _____

Medication(s): _____

Medication Allergies: Yes or No	Food Allergies: Yes or No	Latex Allergy: Yes or No
Please List: _____	Please List: _____	Other: _____

DISMISSAL PERMISSIONS

Permission to walk home alone? Yes or No (please circle one)

PICK UP PERMISSIONS

CHILD MAY BE PICKED UP BY:

Name: _____ Relation: _____

Phone: _____

CHILD MAY BE PICKED UP BY:

Name: _____ Relation: _____

Phone: _____

PICK UP RESTRICTIONS

CHILD MAY NOT BE PICKED UP BY:

Name _____ Relation: _____

Name: _____ Relation: _____

Additional Information or Special Instruction: _____

**** IMPORTANT ****

Behavior Management Policy: RCC reserves the right to discharge any youth who is found to be inappropriate for our programs and the rules set forth. Grounds for dismissal include, but are not limited to physical assault or serious threat of assault, major property damage, possession of illegal drugs, weapons or psychotic behavior. Parents of minors will be notified immediately. Depending on the offense, arrangements must be made to meet with Program Director or pick up the child. We work closely with the Rankin Police Department to ensure a safe environment.

RELEASE OF INFORMATION

It is the objective of our organization to partner with parents and the school district to ensure that each individuals needs are properly assessed through the use of data collection and assessment. The information collected including, but not limited to, report cards, test scores, attendance, and income, will be kept confidential and used for program objectives and outcomes.

I do hereby authorize the Rankin Christian Center to obtain information from the school system in regards to my son/daughter's school attendance, behavior records and copies of report cards and PSSA scores.

SCHOOL DISTRICT: _____ SCHOOL: _____

CHILDS NAME: _____ GRADE: _____

IS THIS CHILD ELIGIBLE FOR FREE OR REDUCED LUNCH? YES OR NO (Please circle one)

PARTICIPATION CONSENT FORM

As the parent or legal guardian of _____ (participant),

I, _____ (parent or legal guardian) consent and agree to the following:

(Please initial where appropriate)

_____ I release the Rankin Christian Center and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of the RCC. Once program is in session, no refund of program fees paid will be given for any reason.

_____ I grant permission for my son or daughter's photo, audio, video, or projects to be taken, displayed and/or used by the RCC during activities, events, or programming. I release any rights that I may have of the said photo or video materials. Occasionally RCC Program staff wish to photograph, video or otherwise record activities and events. These images may be used for promoting programs through our website, social media, DVDs, reports, publications, newspapers or other non-commercial promotional materials. Students name, grade, and school district may also be used.

_____ I grant permission for my son or daughter to participate in all scheduled onsite or offsite activities offered by the RCC program. This may include pre and post testing surveys.

_____ I understand that any program fees paid are non-refundable

_____ I understand and have read all sections of this application and agree to follow all of the outlined guidelines of the RCC offered programs.

******* SIGNATURE IS REQUIRED *******

Parent (Guardian) Name (please print):

Parent (Guardian) Signature:

Date:

Participants Name (please print):

Participants Signature:

Date: