



## TRINITY AFTER SCHOOL for KIDS (TASK)

### REGISTRATION FORM

Child's Name: \_\_\_\_\_ M / F Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ M / F Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ M / F Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about TASK? \_\_\_\_\_

### HANDBOOK ACKNOWLEDGEMENT

**I have read and understand the Parent Handbook for Trinity After School for Kids (TASK), which is also available online. I will follow the guidelines presented in this handbook.**

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Parent Signature

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Date

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TASK Coordinator Signature

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Date

## **TASK EMERGENCY MEDICAL CONSENT**

There are occasions that a parent/guardian is not able to drop off/pick up a child. In that event we need a list of names, the relationship to the child and phone numbers of people that are authorized to do so. *Every effort will be made to notify parents immediately in case of an emergency.*

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

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**Names of persons who may NOT pick up the child:** \_\_\_\_\_

Family Doctor and Phone # \_\_\_\_\_

Family Dentist and Phone # \_\_\_\_\_

Present Medication \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

Allergies (including food) \_\_\_\_\_

Religious Preference \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_  
do hereby give my permission and/or consent to the personnel of TASK, Algona, Iowa to secure and/or authorize emergency medical care and/or treatment as my child might require while under the supervision of child care personnel. I agree to pay all costs for such emergency treatments that are not covered by accident insurance.

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Signature

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Date

### **TRAVEL/ACTIVITY AUTHORIZATION**

I give permission for my child \_\_\_\_\_ to leave the location for trips to special places, walks, the church facilities, etc. (check one) YES \_\_\_\_\_ NO \_\_\_\_\_

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Signature

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Date

### **PHOTO/MEDIA AUTHORIZATION**

I give permission for my child \_\_\_\_\_ to have their picture taken for assorted media opportunities. (check one) YES \_\_\_\_\_ NO \_\_\_\_\_

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Signature

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Date