St. Paul Lutheran School Kingdom Kids after School Club Registration Form 2024-2025

Child's Name		Grade in School
Child's Name		Grade in School
Child's Name		Grade in School
Child's Name		Grade in School
Registered as:	Full-time	Drop-In
conditions, medications, of staff needs to be aware of the sta	or other information of:	all known allergies, medical the Kingdom Kids After School Club
Parent/Guardian Informa		
Parent/Guardian Name		Cell #
Authorized Adults for P	ick-Up:	
Name		Cell #

Student Release Policy

Students must be clocked in and out each day!

Only authorized adults (names listed on the registration form) will be allowed to pick up the child. The Kingdom Kids Club staff must be notified in advance by the parent/guardian if there is another adult picking up a child that day. Proper identification will be required in such instances before we release the child. We reserve the right to not let any child go with any person due to any uncertainty; the parent/guardian will be notified of this.

If a parent is not allowed to pick up a child, a copy of the court order must be on file with St. Paul Lutheran School office and the Kingdom Kids After School Club staff. We reserve the right to not let any child go with any person due to any uncertainty, the parent/guardian will be notified of this.

Kingdom Kids After School Club Handbook Acknowledgement Form

My signature below acknowledges that all pertinent information, phone numbers, and family
contact information is on file at St. Paul Lutheran School on the St. Paul Lutheran School

Kingdom Kids After School Club Registration Form. I give St. Paul Lutheran School
permission to copy this form and any pertinent records needed for the St. Paul Kingdom Kids

After School Club. My signature below acknowledges that my child's immunization record is
on file at St. Paul Lutheran School or a copy has been given along with my St. Paul Lutheran
School Kingdom Kids After School Club Registration Form. My signature below
acknowledges that all of my children's immunizations are up to date and current. My
signature below authorizes St. Paul Lutheran School Kingdom Kids After School Club to
make arrangements for and to obtain medical care and emergency medical treatment if
needed for my child. My signature below acknowledges that I have read, understand, and
agree to the conditions and criteria outlined in the St. Paul Lutheran School Parent-Student
Handbook, Section "Kingdom Kids After School Club" and that I will abide by the same.

I give my consent for my child to be photog	graphed and/or videotaped while
participating in the program.	
Parent/Guardian Signature	 Date