

**FAMILY OF CHRIST**

*Reagan Colley, Director*

**Public After School Registration**  
16190 Bruce B. Downs Blvd., Tampa, FL 33647  
813-558-9343

*Landon Ledlow, Pastor*

CHILD'S NAME \_\_\_\_\_

SEX \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

CEL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

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

FATHER'S NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

CEL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

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

Parties authorized to 1) Remove child from our center; 2) Be called in a medical emergency:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*We will not release your child to anyone without your written or verbal permission. They must present proper photo identification.*

**Current marital status of parents:** Single Married Divorced Separated Joint Custody

*(Please attach copies of court documents defining custody if applicable.)*

**IN CASE OF EMERGENCY/MEDICAL INFORMATION**

**PARENTS ARE RESPONSIBLE FOR MEDICAL COVERAGE FOR THEIR CHILD SHOULD INJURY OCCUR ON THE FAMILY OF CHRIST PREMISE OR AT ANY OFF-PREMISE FUNCTION.**

**If my child should become ill or injured at your center, I understand that Family of Christ CDC will:**

1) contact me immediately, 2) contact the persons I have designated above if I cannot be reached. Should Family of Christ CDC be unable to reach me and/or persons designated above, they are authorized to contact my child's physician and/or arrange for emergency treatment. The physician and/or medical facility is authorized to administer emergency medical treatment necessary for the health and safety of my child. I will be responsible for payment of medical services rendered.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOSPITAL PREFERENCE \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_

ALLERGIES OR PERTINENT INFORMATION \_\_\_\_\_

START DATE: \_\_\_\_\_ School Name \_\_\_\_\_ Grade \_\_\_\_\_

Please read & sign back of form.

## Transportation

I give permission for Family of Christ to transport my child to (if applicable) and from \_\_\_\_\_  
Elementary School.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

## FEES

**I UNDERSTAND THAT REGISTRATION FEES ARE NON-REFUNDABLE.**

I understand that all tuition payments are processed through Tuition Express, an automated payment processing system. Weekly tuition will be processed on Monday of each week.

A weekly \$5 processing fee will be charged for all non-Tuition Express accounts. . Payment must be made in cash or by money order. **NO CHECKS WILL BE ACCEPTED.** A \$20 late fee will be applied for all payments received after Monday (regardless of attendance dates).

Returned Tuition Express payments will be assessed a \$20 fee. If two or more payments are returned for non-payment, you may be required to pay in cash or money order (subject to the above fees) or your child(ren) may be withdrawn from our program.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

### Registration Fee

\_\_\_\_\_ Yes. I would like to have the \$126 registration fee taken out of Tuition Express (check space)

## AUTHORIZED PHOTO PERMISSION

I, \_\_\_\_\_, DO / DO NOT give my permission for my child, registered above, to be photographed for use with social media or advertising in regard to promoting Family of Christ Lutheran Church, Child Development Center or School.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

\*For billing purposes, a two-week notice is required for changes made to the child's attendance schedule.

*\*Family of Christ follows the Hillsborough County School schedule for days off and dismissal. We run programs when the public schools are out (with the exception of major holidays we close for). **There is an additional fee of \$35 when full days of care are offered for calendar days off. Students MUST register to attend these days. Refunds will not be issued for unattended days that you are preregistered.***

*Family of Christ Child Development Center admits students of any race, color, national or ethnic origin.*

**Please select:**

**5 day aftercare (\$117 per week)**

**3 day aftercare (\$79 per week)**