

Reagan Colley, Director

FAMILY OF CHRIST  
FOC AfterSchool Registraton  
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 \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

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

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

CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ 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 are 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: \_\_\_\_\_ Grade entering \_\_\_\_\_

Please read & sign back of form.

**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. Monthly tuition will be processed on the 15<sup>th</sup> of each month.

A \$5 processing fee per month 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 the 15<sup>th</sup> (regardless of attendance dates).

Returned Tuition Express payments will be assessed a \$20 fee. If two or more payments are returned for nonpayment, 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 \$90 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 \_\_\_\_\_

\*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). The fees differ if there are half-day or full days. Please look for notices of registration. **There is an additional fee of \$37 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.**

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

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

**Please Select:**

**5 Day Before Care** \_\_\_\_\_

**2 Day After Care** \_\_\_\_\_

**3 Day After Care** \_\_\_\_\_

**5 Day After Care** \_\_\_\_\_

**5 Day Before and After Care** \_\_\_\_\_