

CREATIVE PALOOZA

2021- 2022 AFTER SCHOOL

REGISTRATION FORM

K-8 M- F 2pm-6pm

First Christian Church
Creative Palooza
2320 Country Club Road
Winston-Salem, North Carolina 27104-4197
336-970-5102

4 or 5 days - \$100

Daily Rate - \$30

4 or 5 days w/ van - \$110

Van - \$10

REGISTRATION FEE OF \$50 NON REFUNDABLE

EACH STUDENT MUST PROVIDE A COPY OF MEDICAL INSURANCE CARD WITH REGISTRATION FORM

Name _____ Age _____ Gender _____ Date of Birth _____

Mailing Address _____ City/State/Zip _____

Email _____

Parent or Guardian _____

School child attends _____

Circle Grade as of August 2021 **K** **1** **2** **3** **4** **5** **6** **7** **8**

Mom work phone _____ Cell _____

Dad work phone _____ Cell _____

Other Emergency Contact Person _____ Relationship _____

Emergency contact phone _____

Authorized Pickup Person 1) _____

Authorized Pickup Person 2) _____

1) PHONE# _____ 2) PHONE# _____

Doctor's Name _____ Phone # _____

Any problems or behavior issues that we need to be aware of at this time? (Please list)

Is applicant in good health and able to participate in all recreation activities? Y / N
(If No, please explain)

Does applicant have any special medical condition other than those listed below? Y / N
(If Yes, please explain)

Food allergies?

Respiratory problems?

Asthma? Y / N

Diabetes? Y / N

Anxiety? Y / N

*I give permission for my child to receive the following over the counter non-prescription medications:
(initial each allowed medication)*

Benadryl _____ Advil/Ibuprofen _____ Aleve _____ Tylenol (child dosage) _____

Are there any medications that will need to be distributed at Creative Palooza? If so, please list.

Is there any other information that we should be aware of that will help us better serve your child?
