



2008-2009 Afterschool Registration

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Child Information:

Child's Name _____ Date of Birth _____ Grade as of Aug. 2008 _____

Address _____ City _____ State _____ Zip _____

To help the staff meet your child's needs, please provide the following information:

ADD/ADHD _____ Allergies (type) _____

Emotionally, behaviorally, intellectually or physically challenged (please provide details.) _____

Other special needs _____

Medication: Please indicate the schedule for when this medication should be administered.

Please circle the school your child will be attending the 2008-2009 school year.

First Baptist Church of Lexington Location:

Pleasant Hill Elementary

Heritage Christian Academy

Pleasant Hill Middle

Lake Murray Elementary

Lexington Elementary

Lexington Family YMCA Location:

Saxe Gotha Elementary

Red Bank Elementary

White Knoll Elementary

Carolina Springs Elementary

Carolina Springs Middle

Mother's Name _____ Cell Phone _____ Work Number _____

Father's Name _____ Cell Phone _____ Work Number _____

Emergency Contact _____ Relationship _____ Phone Number _____

Pick Up Authorization: In addition to the above, please give the names, relationship and phone number of persons to whom the child can be released:

Name: _____ Relationship: _____ Phone: _____

OFFICE USE ONLY: Date Received: _____ Cash: _____ Check #: _____ Registration Fee Received: _____