

**Reregistration Fee**  
**\$25**



**Allergy or Medical Alert:**  
\_\_\_\_\_

***Warwick River Christian***  
***Before/After School Care***  
252 Lucas Creek Road, Newport News VA 23602,  
757- 877-2941 Fax 757 877-6510  
wrclc@warwickriver.org

**Registration Form for Returning Before/After Care Students**

**Child's full name (first, middle, last):** \_\_\_\_\_

**Preferred name/nickname:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name(s) of sibling(s) registered with WRC for camp or child care:**  
\_\_\_\_\_

**School attending (if not WRC):** \_\_\_\_\_

Mark the class level this child will be entering this school year:

<b>Preschool</b>	<b>Kindergarten</b>	<b>Elementary School</b>		<b>Middle School</b>	
___ 4K	___ K5	___ Grade 1	___ Grade 4	___ Grade 6	___ Grade 8
		___ Grade 2	___ Grade 5	___ Grade 7	
		___ Grade 3			

**PARENT/GUARDIAN INFORMATION:**

**Please list the legal parents or guardians who have responsibility for the child.**

<b>Father</b>	<b>Mother</b>
Full name: _____	Full name: _____
Phone: (W) _____ (C) _____	Phone (W) _____ (C) _____
Email: _____	Email: _____
Address: _____	Address: _____
City /State/Zip: _____	City/State/Zip: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Position/Occupation: _____	Position/Occupation: _____
Work Phone: _____	Work Phone: _____

**EMERGENCY CONTACTS: In case the parents/guardians are not available,**

*Name:*

*Relationship to Student:*

*Day Phone:*

A. \_\_\_\_\_

B. \_\_\_\_\_

**Authorization for person(s) to pick up your child:**

\_\_\_\_\_  
\_\_\_\_\_

**Person(s) NOT authorized to pick up your child:**

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION:**

If a child becomes ill, the parent/guardian will be contacted. We request that the child be picked up as soon as possible to minimize contamination of the other children and the staff.

A. Child's allergies (including foods), medical history, medications, and any physical or emotional impairments which our staff members should be made aware of:

\_\_\_\_\_

B. If your child becomes ill or injured, and we cannot reach you, may we proceed with first aid and emergency medical care for your child?

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

C. Physician/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**AGREEMENTS:**

1. Authorization is given for my child to participate in field trips. Yes \_\_\_ No \_\_\_
2. Permission is hereby granted for WRC to use my child's name and photo in publications, publicity pieces such as Facebook and other social media platforms, and on our website unless noted below. Yes \_\_\_ No \_\_\_
3. Parent/Guardian is responsible for keeping their account(s) current. If LC account exceeds more than 2 weeks, childcare will not be provided until the account is up to date

Comments/notes: \_\_\_\_\_

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_