



## Adventures 4 Kids Registration

◆ Adventures 4 Kids is held from 2:15-5:30 pm Monday – Friday and is available for students grades K-4.

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Entering School Year: \_\_\_\_\_

DOB: \_\_\_\_\_

**Charges are as follows:**

Minutes	Pickup Time	Cost
1-30	2:15-2:45	\$2.50
31-60	2:46-3:15	\$5.00
61-90	3:16-3:45	\$7.50
91-120	3:46-4:15	\$10.00
121-150	4:16-4:45	\$12.50
151-180	4:46-5:15	\$15.00
181-195	5:16-5:30	\$17.50

Days Needed:  M: \_\_\_\_\_

Age: \_\_\_\_\_

T: \_\_\_\_\_

Applicant:  New Registrant

W: \_\_\_\_\_

Past Participant

Pick-up Time:  Th: \_\_\_\_\_  
(Indicate on line)

LCA Staff

F: \_\_\_\_\_

Gender:  Female

Drop in

Male

**Applicant Information**

**Child's Physician:**

Full Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

List known allergies: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

List limitations / disabilities to be aware of: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Mother's Cell Phone #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

List two people who can assume responsibility for your child if you cannot be reached. (Name/Phone)

1. \_\_\_\_\_

2. \_\_\_\_\_

List two additional person's **AUTHORIZED** to pickup your child. (Name/Phone)

1. \_\_\_\_\_

2. \_\_\_\_\_

**Emergency Authorization (911)**

I hereby authorize Legacy Christian Academy to act in emergency situations that involve my child.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

List person's **NOT AUTHORIZED** to pick-up your child:

1. \_\_\_\_\_

2. \_\_\_\_\_

◆ Please Note:  
◆ Picking up students from the Adventures 4 Kids program is only allowed for individuals who have been pre-approved by the parents and named on this form. Individuals who pick up a child will be asked to provide picture identification.

Please turn completed form into the School Office.