**CLASP Registration**

**Christian Love Around School Program**

**Child and Guardian Information**

Days your child needs **before** school care: M T W Th F (For children attending **Clermont** or **QVL**)

Days your child needs **after** school care: M T W Th F (For children attending **Clermont** or **QVL**)

**Child Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name to Use: \_\_\_\_\_\_\_\_\_\_\_\_ Male Female Date of Birth: \_\_ / \_\_ / \_\_ Grade Level \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_\_\_\_

Elementary School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Miscellaneous Information**

Does your child regularly attend church and/or Sunday School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorizations:**

♥ By registering your child, you grant us permission to use group photos of actual fun times at CLASP on our website. We define “group” as a photo which includes 5 or more children/staff. We may also photograph and/or take videos of your child for CLASP activities (craft projects, etc.).

* By checking here, you give permission for us to also post individual photos of your child (photos with less than 5 children/staff). We do not publicly identify children by name.
* CLASP is authorized to seek emergency medical treatment for child.

**Office Use Only**

Date Received: Amount: Check Number:

**Registration Fee *must* accompany Registration Form and is non-refundable.**

**Registration Fee of $50.00 for enrolls your child in CLASP.**

**\*\*If your child was previously enrolled in a ministry the fee is $30.00.\*\***

**Make check payable to Children’s Outreach Ministries and write “CLASP” on the memo line.**

Primary Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Secondary Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail completed registration form and fee to:**

**Children’s Outreach Ministries**

**Mechanic Grove Church of the Brethren**

**1392 Robert Fulton Hwy.**

**Quarryville, PA 17566**