

Christ the King School AWP – Assistance to Working Parents
Registration Form/Permission to Pick Up Form / Emergency Form

Name of Student	Date of Birth	Grade	Age

Parents and / or Guardian Information

Mother's Name:_____ Driver's Lic. #:_____

Address:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Father's Name:_____ Driver's Lic. #:_____

Address:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Emergency Contact:_____ Relationship to child:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

**Other Authorized Pick Up – Family or Friends who can pick up in place of Parent/
Guardian (without a note)**

Name	Relationship to Student	Phone Number	Driver's Lic. #

Student's Physician:_____

Address:_____

Phone:_____

Choice of Hospital:_____

Allergies or medical conditions / Name of Students –

I hereby authorize emergency medical care for my child, _____, during attendance at Christ the King's AWP Program if, in the judgment of the staff, treatment is required for an injury or illness. I hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by the attending physician.

I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

Parent or Guardian Signature:_____ Date:_____