



morning sunrise & kids' club application (All students)

Morning Sunrise & Kids' Club both operate under the same guidelines, policies and procedures, as adhered to by V.C.A. However, they are separate ministries and will therefore require separate bookkeeping, files, records, etc. The \$25 non-refundable application fee for each child (or maximum of \$40 per family) **must** be attached to this completed form in order to begin processing.

Please fill out the requested information below completely.

CHILD(REN)'S NAME	AGE	DATE OF BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE
CHILD(REN)'S NAME	AGE	DATE OF BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE
CHILD(REN)'S NAME	AGE	DATE OF BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE
CHILD(REN)'S NAME	AGE	DATE OF BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE
ADDRESS	CITY	STATE	ZIP	HOME PHONE NUMBER

PARENT INFORMATION

FATHER (OR GUARDIAN) NAME	PHONE # WHERE YOU CAN BE REACHED DURING "KIDS' CLUB" HOURS		CELL PHONE NUMBER
EMPLOYER	BUSINESS PHONE	WORKING HOURS	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
MOTHER (OR GUARDIAN) NAME	PHONE # WHERE YOU CAN BE REACHED DURING "KIDS' CLUB" HOURS		CELL PHONE NUMBER
EMPLOYER	BUSINESS PHONE	WORKING HOURS	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME

ARE BOTH PARENTS LIVING TOGETHER WITH THE CHILD(REN)? YES NO

Emergency Contact and Pick Up Information

NAME	RELATIONSHIP	PHONE #1	PHONE #2
NAME	RELATIONSHIP	PHONE #1	PHONE #2
NAME	RELATIONSHIP	PHONE #1	PHONE #2
NAME	RELATIONSHIP	PHONE #1	PHONE #2

PLEASE STATE ANY MEDICAL CONSIDERATIONS, CONCERNS, AND/OR MEDICATIONS BEING TAKEN (AS FOR ALLERGIES):

See final statement of V.C.A. application:

The undersigned parent(s) hereby registers the above named child at Faith Landmarks Morning Sunrise and/or Kids' Club. This authorizes the Administration to exercise discretion in meeting medical emergencies by releasing the child to the Emergency Contact Person noted above, or by authorizing emergency medical treatment, including hospitalization and surgery. In the latter case, the undersigned agrees to assume full responsibility for the costs and to hold Morning Sunrise, Kids' Club (Faith Landmarks Ministries & Victory Christian Academy) harmless for same.

Additionally, I understand that I must make all payments on a **WEEKLY BASIS**, and that I must voluntarily withdraw my child(ren) if I become 2 weeks in arrears until such time as I bring my balance current.

Signature of parent(s) or guardian(s): _____ Date: _____
 _____ Date: _____