



New Kent Christian School • 9660 Tunstall Road, New Kent, VA 23124 • 804.557.5774 • info@newkentchristian.com

Eagle BASE (Before and After School Enrichment) Registration Form

Child's Full Name: _____

Name Child Prefers: _____ Age: _____ Birthdate: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Father/Legal Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell: _____ Work: _____ Home: _____

Mother/Legal Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell: _____ Work: _____ Home: _____

EMERGENCY INFORMATION

Write in box below – (1) Allergies and/or intolerance to food, medications, etc. and

(2) Action to take in an emergency:

Name of Child's Physician: _____ Phone: _____

In case your child needs hospital care, what is your hospital preference? _____



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Person(s) to contact if Parents/Guardians cannot be reached:

Name: _____ **Relationship:** _____

Address: _____ **Cell:** _____ **Home:** _____ **Work:** _____

Name: _____ **Relationship:** _____

Address: _____ **Cell:** _____ **Home:** _____ **Work:** _____

Person(s) authorized to pick up child besides Parents/Guardians:

Name: _____ **Relationship:** _____

Address: _____ **Cell:** _____ **Home:** _____ **Work:** _____

Name: _____ **Relationship:** _____

Address: _____ **Cell:** _____ **Home:** _____ **Work:** _____

Person(s) NOT authorized to pick up child:

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Any other information we should know:

Agreement

The Parents/Guardians authorize NKCS to obtain immediate medical care if any emergency occurs when Parents/Guardians cannot be located immediately.

Parent/Guardian Signature: _____ Date: _____