

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 \$25.00.
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**