

# GAP KIDS REGISTRATION FORM

## GOSPEL AFTERSCHOOL PROGRAM

336.317.3627 

gapkids@gospelbc.org 

5945 N. Church St. Greensboro, NC 27455 

### STUDENT INFORMATION

Full Name:	School Student Attends:	
Student Grade for 2026-2027 school year:	Date of Birth: __ / __ / __	
Home Address:		
City:	State:	Zip Code:
Does your student attend church regularly?      If yes, where?		

### GUARDIAN INFORMATION

Guardian Name:	Relationship to Student:
Phone Number:	Email Address:
Home Address (if different from student):	
Guardian Name:	Relationship to Student:
Phone Number:	Email Address:
Home Address (if different from student):	
Those authorized to pick up your child (other than parents), please list name & relationship to child:	

1.	5.
2.	6.
3.	7.
4.	8.

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	
Relationship to Student:	Phone Number:

### MEDICAL INFORMATION

Does the student have any allergies?     yes     No

If yes, please list: \_\_\_\_\_

Does the student have any medical conditions we should be aware of?     yes     No

If yes, please specify: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### CONSENT & AGREEMENT

- I certify that the above information is correct to the best of my knowledge.
- I have read and understand the pricing and policies for the GAP Kids 2026-2027 after school program, and I agree to the terms outlined.
- Person responsible for account: \_\_\_\_\_

Date:      /      /

Signature: \_\_\_\_\_