impact After School Program

St. Thomas
Assembly Of God

173 Rhondel Dr.
St. Thomas, PA 17252
717.369.2567

The completed application can be emailed to:
impactstaog@gmail.com

Or delivered to the church
173 Rhondel Drive St. Thomas, PA 17252

Registration Year 2025/26

$20 a day (per child)

Days per week: _____

Weekly Tuition: _____

Non-Refundable Application Fee: $25

Students Name: _____
Last First Middle

Gender: _____ Male _____ Female Birthdate: _____ Age: ____ Grade: _____

Address: _____

1) Parent/Guardian's Name: _____
Last First

Phone Number: _____ _____ _____
Home Cell Work

Email: _____

2) Parent/Guardian's Name: _____
Last First

Phone Number: _____ _____ _____
Home Cell Work

Email: _____

Desired Schedule: Monday Tuesday Wednesday Thursday Friday

By circling your desired days, you are committing to those days and will be billed for those days after admittance into our program. You are given **10 excused days** a school year for emergencies and absences where you will not be billed. Please see tuition section in the parent handbook for more information.

Emergency Contact: Please list in order of preference individuals we may contact in event of an emergency. You do not need to re-enter the parent information. **We will contact parents first**, then continue to this list.

1. Name: _____ Relation to Child: _____

   Address: _____ Phone: _____

2. Name: _____ Relation to Child: _____

   Address: _____ Phone: _____

3. Name: _____ Relation to Child: _____

   Address: _____ Phone: _____

Medical Information:

Allergies: (Yes) (No) _____

Medical Needs: (Yes) (No) _____

By signing this application, you are hereby swearing that all the information is correct and truthful to your best knowledge. Anything emitted or falsified will disqualify your child from our program. Also, by signing this, you are confirming that you will abide by the rules and regulations stated in the parent handbook.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

AUTHORIZED PICKUP PERSONS

(Not Including Parents & Those Listed as An Emergency Contact)

1. Name: _____ Phone Number: _____

   Relation: _____

2. Name: _____ Phone Number: _____

   Relation: _____

3. Name: _____ Phone Number: _____

   Relation: _____

4. Name: _____ Phone Number: _____

   Relation: _____

5. Name: _____ Phone Number: _____

   Relation: _____

Please note that when a new person or someone unfamiliar picks up your child for the first time, they must have proper identification on hand. Thank you

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AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntary and without compensation authorize Impact After School Program and St. Thomas Assembly Of God to produce photographs, movies, videotapes, audio-tapes, and Power Point Presentations of the below named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand Impact After School Program/St. Thomas Assembly Of God and its employees will not use these materials for compensation. I understand that this grant of permission shall only be revoked by a written letter delivered to the director of the Impact After School program. This consent shall remain in effect, unless revoked.

1) Students Name: _____

2) Students Name: _____

3) Students Name: _____

Approve:_____ Deny:_____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

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Emergency Medical Release Form

I, _____, hereby give permission that my child,_____ may be given emergency treatment, to include first aid and CPR by a qualified staff member of St. Thomas Assembly of God. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right to inform consent to such treatment. I also give permission for my child to be transported by ambulance or aid care to an emergency center for treatment. I further authorize said center to take my child to a hospital, and I agree that I will pay all physician's and hospital bills, and said center shall not be responsible for them.

Signature of Parent/Guardian_____ Date_____

Insurance Carrier_____

Policy Number_____

Policy Holder_____

Physician Name & Phone_____

Parent Handbook Commitment Form

By signing this form, you are affirming that you read the Parent Handbook and agree with all of its contents. Please re-visit this handbook for any questions or contact Pastor Hannah at the church.

Students Name: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

THIS FORM MUST BE RETURNED BEFORE YOUR CHILD CAN START

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Optional Credit/ Debit Card Payment Agreement

DO NOT FILL OUT THIS FORM IF YOU PLAN TO PAY YOUR TUITION & APPLICATION FEE VIA CHECK OR CASH

To charge a card, we will need the same address and zip code that your bill is mailed to. We also need the 16-digit card number, expiration date, and security code. We can bill you one time only, weekly, or biweekly. You will be emailed a receipt for the amount charged.

Auto Transaction Permission Form

Card Holder Full Name (as it appears on your card):_____

Card Number: _____Security code:_____

Expiration Date: _____ Card Type: _____

Address: _____

Date to Start Charging: _____ Amount per week:_____

Signature of Card Holder: _____ Date: _____

I agree to give St. Thomas Assembly of God permission to charge my weekly tuition to my credit/ debit card:

Weekly Biweekly One Time Only

For the following dates indicated: Start: _____ Finish: _____

If the dates change, I agree to give in writing a two-week notice of the date I would like to stop the weekly auto-debits, or I know my account will continue to be charged.

I would like my one-time $25 application fee to be charged to this card: ____ yes ____ no

Signature: _____Date: _____