

## IMPACT EDUCATION HUB REGISTRATION FORM

### **PARENT/GUARDIAN #1's INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Employment Title: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### **PARENT/GUARDIAN #2's INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Employment Title: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### **CHILD #1 INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Academic Accommodations/Needs: \_\_\_\_\_

### **CHILD #2 INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Allergies: \_\_\_\_\_



Special Academic Accommodations/Needs: \_\_\_\_\_

**CHILD #3 INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Academic Accommodations/Needs: \_\_\_\_\_

**EMERGENCY CONTACT, OTHER THAN PARENT**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

**PARENT AUTHORIZATION**

Impact Gwinnett Church has my permission to use my or my child’s photograph publicly to promote their non-profit organization. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me due to such use.

I \_\_\_\_\_ (NAME OF PARENT) understand that to serve my child best, Impact Gwinnett Church needs to be able to communicate with the school. By signing this form, I am granting Impact Gwinnett Church and my child(ren)’s school(s) to openly communicate regarding my child’s academic information.

I \_\_\_\_\_ (NAME OF PARENT) also understand that in order for the Impact Education Hub to serve the community in the most effective way, I need to commit to being on time dropping off and picking up my child(ren). By signing this form, I acknowledge the 10-minute grace period, and I accept the following consequences for being late beyond this grace period: (1) my child(ren) cannot stay if I am late dropping off, (2) if I am late for pick up 3 times, my child(ren) will be unable to return to the Impact Education Hub for a week.

Impact Education Hub reserves the right to make any amendments to the terms of service at any time, and the affected families will be notified in an appropriate manner.

Parent/Guardian’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian’s Full Name: \_\_\_\_\_

