



WORSHIPERS HOUSE OF PRAYER ACADEMY

Building Character, Revealing Intelligence, Cultivating Godliness, and Reaching for Excellence

8350 NW 7th Avenue • Miami, FL 33150 • Telephone: (305) 490-5806 • Fax: (305) 460-8045
 Website: www.whopacademy.org • E-mail: schoolinfo@whopacademy.org

LIONS AFTER SCHOOL PROGRAM REGISTRATION FORM SY: 20__ - __

Student Information

Last Name		First Name		M.I	Homeroom Teacher:
Gender	D.O.B	Current Age		Last Grade Completed	
Student Address				Apt. #	
City		State		Zip Code	
Telephone Number			Email Address		

Family Information

Mother's/Female Guardian's Name		Father's/Male Guardian's Name	
Address (if different from student)		Address (if different from student)	
City/State/Zip Code		City/State/Zip Code	
Home Phone (if different from student)		Home Phone (if different from student)	
Cellular Phone/Carrier		Cellular Phone/Carrier	
Work Phone	Email Address:	Work Phone	Email Address:

Siblings in ASP:

Family/Marital relationships (check all that apply):

Birth parents are: Together at home/Married Separated Legally divorced Birth mother deceased Birth father deceased

If divorced or separated, who has primary custody of the child? _____

Emergency Contact/Pick Up Authorization/Medical Information

Full Name	Relationship	Phone Number
Full Name	Relationship	Phone Number
Full Name	Relationship	Phone Number
Special Instructions (allergies, diet, medical, etc.)		

If program should end early or be canceled due to weather or any other reason please have my child:

Go home on bus Ride/walk home with _____ Wait for me at Miami-Dade Library-Little River

Attendance Schedule (please check one only): Remember-YOUR CHILD MUST BE PICKED UP BY 6:00 PM

- Daily (every day of the week)**
- Monday** **Tuesday** **Wednesday**
- Thursday** **Friday (only days marked)**
- Attend only with note (it is parent's responsibility to notify)**

My child will attend beginning (date) _____ Parent Initials: _____ Date: _____

(Over)



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LIONS ASP REGISTRATION (CONTINUED) SY: 20__ - __

PARENTAL CONSENT FOR PARTICIPATION

This is to certify that my permission is granted for my child _____ to participate in organized sponsored activities whether on the school campus or away. Therefore, I acknowledge unless gross negligence is involved, the Worshippers' House of Prayer Academy After School Care Program or program officials cannot be held responsible for medical or hospital costs resulting from injuries that might occur by participating in Worshippers' House Of Prayer Academy After School Care Program sponsored activities or in transportation to or from the place where activities are conducted.

I agree to pay a weekly fee of \$7.00 per week. Furthermore, I understand that after 6 PM, Worshippers' House of Prayer Academy is no longer responsible for the care of my child. Therefore, I release, indemnify and hold harmless Worshippers' House of Prayer Academy, the Worshippers' House of Prayer church, its agents and employees, from any and all actions and claims for personal injury or damages of any kind resulting from the presence of my child on or around the school campus after 6 PM.

Parent/Legal Guardian's Signature

Date

MEDICAL RELEASE

My child is covered by health/accident insurance

Physician name _____ Phone # _____

Insurance name and policy # _____

I have read or have had read to me the foregoing in its entirety and by placing my signature below do declare that I understand that any cost or injury resulting from participation in school sponsored activities is my responsibility.

Parent/Legal Guardian's Signature

Date

Photograph/Media Release

I give my child permission to participate, if selected, in activities and/or appear in photos and/or videos used to promote the Worshippers' House of Prayer Academy After School Care Program.

Parent/Legal Guardian's Signature

Date

Parent/Legal Guardian's Signature

Date

My child will attend beginning (date) _____ Parent Initials: _____ Date: _____

(Over)