



NCAA CHILD CARE REGISTRATION FORM
Before and Aftercare Program – Pre-K to 6th
Application Fee (Non-refundable \$10.00)

Mother's Name (First) _____ (Last) _____
Mother Email: _____ Cell Phone _____
Father's Name (First) _____ (Last) _____
Father Email: _____ Cell Phone _____
Parent Address _____ City _____ Zip _____
Child's Name: _____ Age: _____
School Name: _____ Pick-Up Time: _____
Child's Name: _____ Age: _____
School Name: _____ Pick-Up Time: _____

Please list each child that has any medical conditions & what the condition is:

List name of person(s) other than the parents who can pick up child from center in case of emergency

Name: _____ Relationship: _____
Cell#: _____
Name: _____ Relationship: _____
Cell#: _____

In the event of an emergency, every effort will be made to contact you immediately. If the parents cannot be reached and medical care is necessary, we will call an ambulance to transport the child to Tri-Star Skyline Hospital. We will not be responsible for any medical charges incurred.

I am aware that I am giving my consent to release my child to any of the above-mentioned contact persons in case of emergency, if I cannot be reached. I hereby state that all information above is correct and complete. I hereby release Nashville Christian Advancement Academy Before and After Care Camp from any liability resulting from normal child play, and any further liability.

Parent Signature _____ Date _____