

ZEPHYR CHRISTIAN THURSDAY SCHOOL



Orientation Day ... October 6, 2022, at 6:30 p.m. – 8:00 p.m.

(Orientation Day is actually the first day of class. We hold it in the evening so parents can attend to experience what your child will be learning at Thursday School)

Regular Hours begin ... October 13, 2022, at 9:30 a.m. – 11:30 a.m.

Please complete the attached forms and return asap to:

**Zephyr Christian Church
5940 Dogwood Street
Zephyrhills, Florida 33542-3867
(813) 782-8893**

**Enrollment Form
Zephyr Christian Thursday School
2022-2023**

Child's Name: _____ **age:** _____ **DOB:** _____ **Sex:** _____

Address: _____ **Telephone:** _____
(street/PO box)

(city) (state) (zip code)

Father's Name: _____ **Telephone (a.m.):** _____

Address: _____ **Telephone (p.m.):** _____
(street / PO box)

(city) (state) (zip code)

Do you have a cell phone? _____ yes _____ no

If yes, please list numbers: Cell phone: _____

Email address: _____

Employer: _____ **Telephone:** _____

Mother's Name: _____ **Telephone (a.m.):** _____

Address: _____ **Telephone (p.m.):** _____
(street / PO box)

(city) (state) (zip code)

If yes, please list numbers: Cell phone: _____

Email address: _____

Employer: _____ **Telephone:** _____

Enrollment Form

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name: _____ Relationship: _____

Address: _____ Telephone: _____
(street/PO box)

(city) (state) (zip code)

Name: _____ Relationship: _____

Address: _____ Telephone: _____
(street/PO box)

(city) (state) (zip code)

Name: _____ Relationship: _____

Address: _____ Telephone: _____
(street/PO box)

(city) (state) (zip code)

Name: _____ Relationship: _____

Address: _____ Telephone: _____
(street/PO box)

(city) (state) (zip code)

PHYSICIAN TO BE CALLED IN AN EMERGENCY

Name: _____ Office Telephone #: _____

Address: _____
(street) (city)

Hospital: _____ Telephone: _____

* * * * *

NAME OF PERSONS AUTHORIZED TO TAKE CHILD FROM THURSDAY SCHOOL

(Please notify your authorized person(s) that a form of photo ID will be required when picking up child.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of parent: _____ Date: _____

MEDICAL INFORMATION FORM

Parents please include information on any allergies, operations or any medical condition which the Thursday School should know about and be alerted to.

My child _____ has a diagnosed medical condition of
(child's name) _____ and needs to be closely
observed for these symptoms, _____

Any known allergies? yes no

If yes, please list items allergic to along with symptoms.

Medications: _____

Food: _____

Animal(s): _____

Special instructions that would assist our staff in caring for your child: _____

My child _____ is taking the following medications: _____
(child's name)

(Note: If your child will need to take medication during the hours of Thursday School, please plan to be present or your designee, to administer the medication.)

I understand that any allergic reactions or special conditions will be noted and posted by the Thursday School.

Parents signature: _____ **Date:** _____

(Parent: If no known conditions, please write "none known" in the appropriate space and sign)

**AUTHORIZATION TO CONSENT TO EMERGENCY VEHICLE TRANSPORTATION
FORM**

In the event that I, _____, a lawful parent
or guardian of the child _____,

(child's full name)

cannot be reached by telephone, I hereby appoint the staff/volunteers and/or teachers at
the Zephyr Christian Thursday School to authorize transportation by an emergency
vehicle (i.e., ambulance) to the Florida Hospital, 7050 Gall Blvd, Zephyrhills for medical
and emergency treatment.

AUTHORIZATION TO CONSENT TO MEDICAL CARE

In the event that I, _____, a lawful parent or
guardian of the child _____ can not be reached

(child's full name)

by telephone, I hereby give consent and appoint the staff/volunteers and/or teachers at the
Zephyr Christian Thursday School to act in my behalf until I can be reached for the following
purpose:

To authorize all medical and hospital care and treatment. If surgery is required or deemed
necessary the recommendation by two licensed physicians will be required.

I give this authorization in advance of any care or treatment being required in order to provide
any and all care and treatment that might be necessary in my absence to my child.

Parent signature: _____ Date: _____

PHOTO RELEASE FORM

I, _____ authorize my child _____
(parent) (child)

To be photographed during school hours and at special school events for program purposes. I understand that I will not be receiving any type of reimbursement or compensation for these photographs. Photographs will be used for learning and/or craft projects at the school, and may also be used for presentations at the Zephyr Christian Church.

Parent signature: _____ Date: _____

* * * * *

ADDITIONAL INFORMATION
(OPTIONAL)

The following space is for any additional information that you feel would help our Thursday School volunteers as they work with your child. It is always nice to know a little about each student before they arrive for the first time.

Are there any ways in which the Zephyr Christian Church could be of service to you and your family? If so, please let us know in the space below or by calling our Lead Teacher Pat Nicholson at (813) 782-8893. Thursday School volunteers are always available ,also.
