

**Briarwood Christian School**  
**Application for Lion's Den(After School Care) 2019–2020**  
**(Full Day Kindergarten through Second Grade only)**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Child's Class or Grade: **K-4(full day)**   **K-5(full day)**   **TK**   **1<sup>st</sup>**   **2<sup>nd</sup>**   (Circle One)

Child's Car Pool #: \_\_\_\_\_ Child's Teacher: \_\_\_\_\_

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

Child resides with: \_\_\_ both parents   \_\_\_ mother   \_\_\_ father   \_\_\_ guardian (Check One)

Names and grades of other children presently in school at Briarwood: \_\_\_\_\_

My child will begin Lion's Den(After School Care) on \_\_\_\_\_ (day and date)

My child will leave Lion's Den at the:

- (Choose one if applicable)** \_\_\_\_\_ 3:00 Front Carpool  
\_\_\_\_\_ 3:00 Side Carpool  
\_\_\_\_\_ 3:00 Bus

In the spaces below, indicate which days of the week your child will attend Lion's Den(After School Care) by writing the time you will pick up your child each day. Be sure to check above if your child plans to go to a carpool or 3:00 bus.

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

**Please be sure to also update your RENWEB account with this information.**

Please list those people (other than parents) authorized to pick up your child from Lion's Den.

\_\_\_\_\_  
\_\_\_\_\_

Please send a note or call (776-5802) anytime there is a change in your regular plans. Your child **will not** be allowed to leave with anyone who is not on your list unless we have an email, a note, or a phone call from you.

❖ My child is allergic to \_\_\_\_\_.

❖ My child has medication in the school office \_\_\_\_yes \_\_\_\_no

If Yes, Name of medication \_\_\_\_\_ Medicine Expires:\_\_\_\_\_

Dose information\_\_\_\_\_

In case of emergency, when the parents cannot be reached, these people may be contacted and if necessary, may pick my child up from school.

	<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date\_\_\_\_\_

★ Application for **K4** and **K5** students must be accompanied by signed and notarized affidavit. See next page.

**To be completed for ALL K4 and K5 students.**

# AFFIDAVIT for PARENT/LEGAL GUARDIAN

State of Alabama

County of \_\_\_\_\_

Before me, a notary public in and for said state and county, appeared

\_\_\_\_\_ and is known to me, after being duly sworn or  
(Print Parent's Name)

affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child, \_\_\_\_\_;  
(Print Child's Name)

that affiant has been notified by Mrs. Jennifer Bandy (per attached letter), a representative of Briarwood Church/School, that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

\_\_\_\_\_  
(Parent's Signature)  
Parent/Legal Guardian

Sworn, or affirmed to and subscribed  
before me this \_\_\_ day of \_\_\_\_\_ 2019.

\_\_\_\_\_, Notary Public

My Commission Expires: \_\_\_\_\_