

Grace Lutheran Church (GLC)
1140 East High Street, Davenport, IA 52803

Pray & Play: Out of School Program

8:30am- 4:00pm

Please check the dates you wish to attend the program:

☐ All days

☐ Monday, October 9
(Deadline October 4)

☐ Thursday, November 2
(Deadline October 30)

☐ Friday, November 3
(Deadline October 30)

☐ Thursday, December 21
(Deadline December 18)

IDENTIFICATION INFORMATION (please complete a new form for each child):

Child's Name _____
(Last) (First) (Middle) (Nickname)

Address _____

(City, State) (Zip) Phone _____

Parent Email _____

Birth Date _____ School _____ Grade _____

Gender (circle) M F Non-Binary Pronouns _____

Parent(s) and/or Guardian(s)

1. _____
Name Address City Zip

Primary Phone Number Secondary Phone Number Work Phone Number

2. _____
Name Address City Zip

Primary Phone Number Secondary Phone Number Work Phone Number

FAMILY INFORMATION:

Who does your child live with? Please list names, age, relationship to the child.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

AUTHORIZATIONS

Authorization for Pick-up

I authorize GLC to allow the following persons to pick up my child from the Pray & Play program. A picture ID must be presented to allow the child to leave.

Name

Phone

Relationship

Name	Phone	Relationship

Signed: _____ Date: _____
(Parent or Legal Guardian)

CUSTODY/RESTRAINING ORDERS

Are there any custody or restraining orders for the child who may attempt to pick up or have contact with the child while in care at the center?

Name & Relationship to child: _____

Name & Relationship to child: _____

TRAVEL AND ACTIVITY AUTHORIZATION

We will occasionally walk to a nearby park.

I ☐ do ☐ do not (check one)

give permission for my child _____ to leave GLC with authorized staff for walking field trips.

Signed: _____ Date: _____

PICTURE AUTHORIZATION

I give permission for my child _____ to have his or her picture taken during special events. I realize these pictures could be used for publicity purposes within the church or online.

Signed: _____ Date: _____

GENERAL QUESTIONS:

1. Has your child had group experiences? (day care, school, church, etc.) _____
2. Do they accept new people easily? _____
3. What types of activities does your child enjoy? _____
4. Does your child have any fears? _____

5. Any nervous habits? *(thumb sucking, stuttering, chewing hair, etc.)* _____
6. When do they show them? _____
7. Does your child speak English? ☐ Yes ☐ No If No - what is their primary language? _____
8. Give any further information which you believe will be helpful to us understanding your child.

9. Pray & Play is available to any child regardless of religious beliefs or practices. Because this is a faith-based program, we will pray in various ways and have bible stories. We do so in a way that is inviting and inclusive for the children who are participating. In order to better understand a little about your family's beliefs & practices, we are asking for you to share information about your family's beliefs. Please share anything that you feel may be helpful.

DISCLOSURE OF MEDICAL STATUS & EMERGENCY MEDICAL CONSENT

My child, _____ is: *(check all that apply)*

_____ Date of last Tetanus

☐ free of any communicable diseases

☐ suffers from the following allergies: *(please list)*

☐ is taking the following medications: *(please give name of medication, dosage, and reason.)*

☐ is experiencing the following acute or chronic medical conditions: *(please list)*

Person to contact in case of emergency if parents are unavailable, and are authorized to pick up child:

Name _____	Relationship to Child _____
Address _____	Primary daytime phone _____
Name _____	Relationship to Child _____
Address _____	Primary daytime phone _____

In the event of an emergency, it may be necessary to contact your child's medical provider or dentist. Please list who should be notified if an emergency were to occur.

Physician's Name _____	Dentist Name _____
Street Address _____	Street Address _____
City, State _____	City, State _____
Phone # _____	Phone # _____

This form allows parents and legal guardians to authorize the provision of emergency treatment for the above-named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event that reasonable attempts have been made to contact me, I hereby give consent for the GLC staff to seek emergency care through calling 911. If hospital care is necessary, Genesis East will be utilized.

This consent will be in effect for one year beginning _____ (date) (to be filled in by GLC staff).

I verify that the information on this form is correct and that I have received a copy of the program's policies and procedures. I understand that GLC is **NOT** able to give any medication to my child.

Signed _____ Date _____
(Parent or Guardian)

Signed _____ Date _____
(Program Supervisor)

Grace Lutheran Church provides services to all individuals regardless of race, color, religion, creed, sex, national origin, ancestry, familial status, marital status, age, physical disability, mental disability, gender identity, sexual orientation and any other class that is protected by federal, state, or local law. Special Services are available upon request.

If you have any questions regarding the Pray & Play program or this form, please do not hesitate to contact Pastor Kirsten Lee at 563-322-0769 or pastorkirsten@gracewelcomesyou.org.