

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

# Pray & Play: Out of School Program

8:30am- 4:00pm

Complete this form and return to the address above, or email to office@gracewelcomesyou.org **OR** register online at [bit.ly/PPRegSpring24](https://bit.ly/PPRegSpring24)

## Please check the dates you wish to attend the program:

- All days  
 Monday, February 5 (Deadline January 30)       Monday, April 8 (Deadline April 1)       Monday, May 6 (Deadline April 30)

## 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.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## 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**

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**Please initial for Pick-up Authorizations:** \_\_\_\_\_

## 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.

**Please initial for Travel Authorizations:** \_\_\_\_\_

## PHOTO AUTHORIZATION

I  do  do not (*check one*) give permission for my child to have their picture taken during special events. I realize these pictures could be used for publicity purposes within the church or online.

**Please initial for Photo Authorizations:** \_\_\_\_\_

## 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](mailto:pastorkirsten@gracewelcomesyou.org).