



DOING
THE MOST
GOOD®

The Salvation Army After-school Program Norfolk, NE

REGISTRATION 2025-2026

\$5/day per kid

*Schedule must be submitted with payment the
Wednesday prior to the week of service.*

Name: _____ Birthdate: _____ Age: _____ Gender: M / F

Address: _____
Street Apt. # City Zip

School: _____ Grade (Fall of 2025): _____

HOUSEHOLD INFORMATION:

Parent/Guardian 1: _____ Relationship to Child: _____

Cell Phone #: _____ Email Address: _____

Address: _____
Street Apt. # City Zip

☐ Same as child

Parent/Guardian 2: _____ Relationship to Child: _____

Cell Phone #: _____ Email Address: _____

Address: _____
Street Apt. # City Zip

☐ Same as child

Number in Household:

- ☐ Two (2)
- ☐ Three (3)
- ☐ Four (4)
- ☐ Five (5)
- ☐ Six (6)
- ☐ Seven (7) or more

Do you qualify for free or reduced lunch in school?

- ☐ Yes
- ☐ No

EMERGENCY CONTACT/APPROVED TO PICK UP:

Name: _____ Phone #: _____ Relationship to child: _____

Name: _____ Phone #: _____ Relationship to child: _____

Name: _____ Phone #: _____ Relationship to child: _____

MEMBER HEALTH INFORMATION:

Allergies or Restrictions? ☐ Yes ☐ No If yes, to what, level the severity, and what happens upon contact?

Operations or Illnesses? ☐ Yes ☐ No If yes, describe.

Behavioral, Emotional, and/or Trauma issues? ☐ Yes ☐ No If yes, describe.

Regular medications? ☐ Yes ☐ No If yes, list all

AUTHORIZATIONS

Please initial next to each statement to indicate your authorization.

- _____ *I authorize The Salvation Army After-school Program of Norfolk to act on my behalf in case my youth is victim of a major accident, injury, or illness when immediate medical or surgical care is needed; provided a member of the Program staff shall make a diligent effort to first notify me of the situation and ascertain what my preferences are. If efforts to reach me are unsuccessful, I authorize duly licensed medical professionals to take such action as their judgment dictates. I further agree that, neither The Salvation Army After-school Program of Norfolk, nor any person associated with them, has any responsibility of any kind to me or my youth from any claims arising from any accident, injury, or illness, which my youth may suffer because of any such health care or medical treatment. I understand that The Salvation Army After-school Program of Norfolk is not authorized to distribute medication or provide medical services.*
- _____ *I authorize The Salvation Army After-school Program of Norfolk to transport my youth in Program vehicles within the regularly scheduled Program hours.*
- _____ *I authorize The Salvation Army After-school Program of Norfolk to photograph, video, and/or audio tape my youth for use in Program social media, publications, and or/media presentations. If applicable, I authorize members of the media to photograph or tape my youth engaging in Program activities or special events.*
- _____ *I authorize The Salvation Army After-school Program of Norfolk and/or contracted researchers of The Salvation Army After-school Program of Norfolk, to involve my youth in outcome measurement/evaluation of programs. I understand that any data or information obtained from these activities will be treated with utmost confidentiality and my youth will not be individually identified as a participant.*
- _____ *I authorize my youth to use The Salvation Army After-school Program of Norfolk network and internet services under staff supervision. I understand that Program staff will enforce any and all guidelines set forth in the parent handbook.*
- _____ *I understand that my child must meet the age requirements and must be able to function appropriately in a group setting.*
- _____ *I understand that The Salvation Army After-school Program of Norfolk is not responsible for any personal items brought to the building, and that the Program will not pay for or replace any personal items that are lost, stolen, or broken while in the Program.*
- _____ *I further certify that failure to abide by Program guidelines and behavioral expectations will result in the member's immediate dismissal from Program activities and the member will be sent home at the expense of the student and his/her parent/guardian without refund of any Program or membership fees.*
- _____ *I understand that all fees are non-refundable.*

I certify that all information above has been thoroughly read and understood.

Signature

Date