

FUTURE After School Program REGISTRATION/CONSENT 2018-19

UNITY CENTER

685 Benton Pike NE, Cleveland, TN 37311

478-1661

PLEASE PRINT CLEARLY

CHILD'S NAME _____ M _____ F _____

LAST

FIRST

MIDDLE

BIRTHDATE _____ AGE _____ STUDENT PHOTO MAY BE USED for PROMO PURPOSES (circle one) YES NO

GRADE entering (Fall 2018) _____ SCHOOL _____ TEACHER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

FATHER'S NAME _____ PHONES: _____

CELL

WORK

HOME

MOTHER'S NAME _____ PHONES: _____

CELL

WORK

HOME

ACCEPT TEXTS? YES NO FACEBOOK Account? YES NO Facebook Name: _____

INSTAGRAM Account? YES NO Instagram Name: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*other than parents*)

NAME _____ RELATIONSHIP _____

ADDRESS _____

EMERGENCY CONTACT PHONE: (CELL) _____ HOME _____ WORK _____

NAMES **AND** PHONE NUMBERS OF PERSONS *OTHER THAN PARENTS* TO WHOM THE CHILD MAY BE RELEASED:

1. _____ 2. _____

Name

Phone Number

Name

Phone Number

ALLERGIES/SPECIAL MEDICAL CONDITIONS/MEDICATIONS BEING TAKEN _____

HEALTH INSURANCE COMPANY _____ POLICY HOLDER _____

SUBSCRIBER NUMBER _____ GROUP # _____

PHYSICIAN _____ PHONE _____

- I give my permission for my (our) child to ride the Unity Center/Broad Street UMC buses which are driven by appropriately licensed drivers – in the event that I utilize transportation from school to Unity/ from Unity to home.
- In the event of an illness or an accident which requires immediate medical treatment at a time when a parent/guardian cannot be reached, I give my permission to David and Mary Ketchersid, Unity Center Directors, or other personnel designated by the Directors to authorize necessary treatment. I will not hold Unity Center of Broad Street United Methodist Church, its employees, or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents/guardians, the child's physician, and other persons listed for emergency contact.

Parent/Guardian Signature _____ DATE _____

PLEASE COMPLETE THE OTHER SIDE

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NAME _____ **SCHOOL** _____ **GRADE** _____

DAY(S) TO ATTEND

Once your child has been placed on the roster for the FUTURE After School Program, *that space is reserved in the program AND on the Unity Center bus. Your child is expected to attend regularly on the day(s) you indicate below.*

Circle one:

ALL four days Mondays Tuesdays Wednesdays Thursdays

TRANSPORTATION-Be sure to complete the separate Transportation Permission Form.

Does your child need BUS TRANSPORTATION? (Check one) Yes _____ No _____

Please check: _____ From school to Unity Center (we will let you know if we pick-up at your school; limited and provided on a space available basis)
OR

_____ From Unity Center to home (limited and provided on a space available basis)
OR

_____ Both

SCHOOL CONTACT INFORMATION

I hereby give my permission for Unity Center to request information from my child's teacher regarding his/her work in school.

Student's Name _____ Grade _____

School _____

Signature _____ Date _____

SUBJECTS or TOPICS for which you desire help for your child:

Would you be interested in serving as a volunteer at Unity Center? YES _____ NO _____

PLEASE COMPLETE THE OTHER SIDE