

**FUTURE After School Program REGISTRATION/CONSENT 2018-19**

**NEW YOUTH LEADER APPLICATION**

**UNITY CENTER**

685 Benton Pike Cleveland, TN 37311

**478-1661**

YOUTH NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

LAST

FIRST

MIDDLE

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ YOUTH PHOTO MAY BE USED for PROMO PURPOSES (circle one) YES NO

GRADE entering (Fall 2018) \_\_\_\_\_ SCHOOL \_\_\_\_\_ HOME ROOM TEACHER \_\_\_\_\_

YOUTH CELL PHONE \_\_\_\_\_ ACCEPT TEXTS? YES NO YOUTH EMAIL \_\_\_\_\_

FACEBOOK? YES NO FACEBOOK NAME \_\_\_\_\_ INSTAGRAM? YES NO INSTAGRAM NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONES: \_\_\_\_\_

CELL

WORK

HOME

MOTHER'S NAME \_\_\_\_\_ PHONES: \_\_\_\_\_

CELL

WORK

HOME

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) youth to ride in 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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YOUTH NAME \_\_\_\_\_

Youth Email Address \_\_\_\_\_ Youth Cell Phone # \_\_\_\_\_

**DAY(S) TO ATTEND: (circle)**

ALL Four Days      Mondays      Tuesdays      Wednesdays      Thursdays

*Transportation provided to Unity Center for students at CMS, CHS, OMS, and LFMS only. Please complete the separate 2018-2019 Transportation Permission Form.*

**\*\*Youth Leader Essay: Please use a separate piece of paper.**

What is the most important value a Youth Leader can model for younger Unity Center students and why is it important? How will you specifically model this value this year? (Best effort-150-200 words):

**\*\*IMPORTANT: What extracurricular activities do you plan on being involved in this school year (sports, clubs, employment, etc.)? Please name both the activities and the dates of your participation.**

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

***Please read the following carefully and sign:***

- I AGREE TO HELP AS BEST I CAN AT UNITY CENTER.
- I WILL SERVE AS AN EXEMPLARY ROLE MODEL TO ALL.
- I WILL HELP STUDENTS WITH HOMEWORK, HELP THEM MAKE FRIENDS, AND HELP THEM STAY OUT OF TROUBLE.
- I WILL PERFORM ALL TASKS WITH A COOPERATIVE SPIRIT AND TO THE BEST OF MY ABILITY.
- I WILL WORK DILIGENTLY ON MY OWN HOMEWORK.
- I WILL BE A FRIEND TO OTHERS AND REFLECT THE SPIRIT OF THE UNITY CENTER COMMUNITY AND THE LOVE OF GOD IN ALL THAT I DO.

YOUTH SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***For your parent/guardian to sign:***

I (THE PARENT/GUARDIAN) HEREBY GIVE MY PERMISSION FOR UNITY CENTER TO RECEIVE INFORMATION FROM MY CHILD'S TEACHER CONCERNING HIS/HER WORK IN SCHOOL.

Youth Name \_\_\_\_\_ Grade \_\_\_\_\_

Please print clearly

School \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE COMPLETE THE OTHER SIDE**