

**URBAN CHRISTIAN MINISTRIES
REGISTRATION & PERMISSION TO PARTICIPATE FORM**

**L.E.G.A.C.Y AFTERSCHOOL PROGRAM
(Living Eternally Grateful As Christian Youth)**

CHILD'S FULL NAME: _____ NICK NAME _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH _____ AGE _____ M ___ F ___ CHILD'S CELL# _____

RACE (Circle one): African-American White Hispanic Non-Hispanic Bi/multi-racial

PARENT/GUARDIAN NAME _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

HOME# _____ WORK# _____ CELL# _____

EMERGENCY CONTACT _____ PHONE _____

NAME AND AGES OF SIBLINGS

CHILD'S SCHOOL & ADDRESS _____

TEACHER'S NAME _____ GRADE _____

CHURCH CHILD ATTENDS _____

CHILD'S INTEREST & HOBBIES _____

I, THE LEGAL PARENT/GUARDIAN OF _____ GIVE PERMISSION
FOR HIM/HER TO PARTICIPATE IN THIS PROGRAM AT URBAN CHRISTIAN MINISTRIES.

PARENT/GUARDIAN SIGNATURE & DATE

PARENT/GUARDIAN SIGNATURE & DATE

EMERGENCY RELEASE & MEDICAL CONSENT
(PLEASE PRINT CLEARLY)

IN THE EVENT OF AN EMERGENCY, I _____ GIVE URBAN
(PARENT/GUARDIAN NAME)

CHRISTIAN MINISTRIES PERMISSION TO SEEK AND/OR ADMINISTER NECESSARY
MEDICAL ATTENTION & TREATMENT FOR _____
(CHILD'S NAME)

PLEASE STATE ANY MEDICAL PROBLEM/CONDITIONS YOUR CHILD MAY HAVE

DOES YOUR CHILD HAVE ANY ALLERGIES? _____ IF YES, PLEASE LIST

DOES YOUR CHILD HAVE ANY HISTORY OF THE FOLLOWING? IF YES, GIVE MONTH &
YEAR.

MEASLES _____ MUMPS _____ CHICKEN POX _____

HIV/AIDS _____ EPILEPSY _____ DIABETES _____

ASTHMA _____ HIGH BLOOD PRESSURE _____

FOOD OR MEDICATION ALLERGIES (PLEASE LIST) _____

PLEASE LIST CURRENT MEDICATIONS & DOSAGE: _____

EMERGENCY CONTACT & NUMBER _____

RELATIONSHIP TO CHILD _____

PARENT/GUARDIAN SIGNATURE & DATE

PARENT/GUARDIAN SIGNATURE & DATE

**LIABILITY RELEASE FORM
(PLEASE PRINT CLEARLY)**

I/WE HEREBY RELEASE URBAN CHRISTIAN MINISTRIES, ITS' AGENTS AND VOLUNTEER WORKERS FROM ALL DAMAGES, INJURIES, CLAIMS, DEMANDS OR CAUSES OF ACTION I OR ANY FAMILY MEMBER, MY HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNEES MAY ENCOUNTER DURING THE COURSE OF MY INVOLVEMENT WITH THE ORGANIZATION OF URBAN CHRISTIAN MINISTRIES.

(CHILD'S SIGNATURE)

(PARENT/GUARDIAN SIGNATURE)

(PRINT CHILD'S FULL NAME)

(PRINT PARENT/GUARDIAN FULL NAME)

(DATE)

(RELATIONSHIP TO CHILD)

(DATE)

Dear Parents,

One of the goals of the L.E.G.A.C.Y program is to encourage and support our youth as they strive for success in education. In an attempt to help each youth obtain their educational goals, Urban Christian Ministries is committed to helping each youth in their journey. We are asking for your permission to be in contact with your child's school as an additional support. **We are not asking to see any confidential information about your child.** We are only asking if we may contact teachers about your child's progress, to ensure that we are doing everything in our power to help your child succeed.

If you have any questions and/or concerns, please contact Summer Byrd at 716-882-9472.

Thank you and have a blessed day!

_____ Yes, I give permission for my child's school to speak with Urban Christian Ministries about my child's grades and classwork only.

_____ No, I do give permission for my child's school to speak with Urban Christian Ministries about my child's grades and classwork.

_____ I will send in a copy of my child's progress reports and report cards.

SIGNATURE PARENT/GUARDIAN

RELATIONSHIP TO CHILD

PRINT PARENT/GUARDIAN

CHILD'S NAME

_____ / _____

DATE

CHILD'S SCHOOL/HOMEROOM #