

# Trinity United Methodist Church

## (2016-2017) After-School Program Registration Form

Child's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade in School: \_\_\_\_\_

**PLEASE BE SURE TO ADD TRINITY UNITED METHODIST CHURCH ON THE FORM IN THE SCHOOL OFFICE OF PEOPLE WHO ARE AUTHORIZED TO PICK-UP YOUR CHILD.**

Will your child be eating with us on Wednesday evenings? \_\_\_\_\_. If yes, the cost is \$6 per meal each week and this can be collected from you on a monthly basis.

Initial here \_\_\_\_\_ indicating you will be responsible for paying for your child(s) meal when applicable. (Meal Dates: TBA)

Check here \_\_\_\_\_ if your child will NOT be eating with us and will be picked up by 5:30 before the meal.

Initial here \_\_\_\_\_ indicating that you understand your child will need to be signed out in the gym before leaving so that we know each child is safely picked up.

Schedule: 3:15-3:30 Pick Up  
3:30-4:15 Drop off, Free play in the Gym, Snacks  
4:15-4:45 Teaching Time  
4:45-5:30 Choir, Play Rehearsals (this is not optional)  
5:30-6:15 Meal \$6.00

AFTER THE MEAL ALL CHILDREN'S ACTIVITIES ARE FINISHED FOR THE DAY.

Please indicate here what time you will be picking up your child \_\_\_\_\_ PM. If you have an emergency that has come up and you are unable to make this time, please contact the church so arrangements can be made for your child.

# LIABILITY RELEASE

## Trinity United Methodist Church Children's Ministry

Name of Child: \_\_\_\_\_

I/We give permission for he/she to participate in the children's activities of Trinity United Methodist Church. This liability release form will be valid for a period of (1) one year, this term being: **August 1, 2016- July 31, 2017**. In the event of an accident or other medical emergency, I grant permission for my child for treatment including any examination, x-rays, medical or surgical treatment or hospital care deemed necessary under the supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act. I understand that the children's leaders will notify me as soon as possible of any accident or emergency with all necessary information given to me. I do hereby state the following information is correct and agree to notify the children's leaders of Trinity United Methodist Church to keep my child's records updated should there be a change in information. I agree to attach a copy, front and back, of our medical insurance card to this form. I also give permission for my child to ride in the church van or vehicle(s) of chosen church volunteers to transport my child from school to the church on Wednesday's and or to any function my child may attend with the Children's Ministry.

List any known allergies: \_\_\_\_\_

List medications child is taking: \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

Parent(s) name(s) \_\_\_\_\_

Home address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent's Cell #: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Group # \_\_\_\_\_ Phone: \_\_\_\_\_

(Please provide a copy of front and back of insurance card.)

Signature of Parent/Guardian \_\_\_\_\_