

FIRST UNITED METHODIST CHURCH
AFTER SCHOOL ADVENTURES CAMP REGISTRATION

FIRST UNITED METHODIST CHURCH
P. O. BOX 910, Skiatook, Ok 74070
Phone (918)396-0371, Director Cell (405)850-2253

CHILD IS NOT ENROLLED UNTIL REGISTRATION IS COMPLETE

Date of application ____/____/____

Child's name _____, male ____ female ____

Birth date _____ Age ____ Grade in the fall ____

Child lives with: ____ Mother ____ Stepmother ____ Father ____ Stepfather
____ Other

Name: _____

Phone: _____

Name: _____

Phone: _____

Physical (Street) Address: _____

Mailing Address (if different from above: _____

City _____ State _____ Zip _____

OFFICE USE ONLY

Date of Withdrawal ____/____/____

AFTER SCHOOL ADVENTURES CAMP

PERSONS AUTHORIZED TO PICK UP MY CHILD OR TO BE NOTIFIED IN CASE OF EMERGENCY:

Name Phone Relationship to child

CHILD'S INFORMATION

Special interests/talents: _____

Situations that may upset your child: _____

Behavioral concerns (defiance, hitting, biting, etc.) _____

How do you handle these behavioral situations at home?

AFTER SCHOOL ADVENTURE CAMP

**WE MUST HAVE CURRENT PHONE NUMBERS WHERE YOU CAN BE REACHED
BETWEEN THE HOURS OF 3:00 AND 6:00PM*
Please advise us of any changes that occur throughout the year.*

HOME# () _____

CELL#S MOM () _____ DAD() _____

Name of employment/school you are attending:

Mother/guardian _____ Phone _____

Father/guardian _____ Phone _____

HEALTH AND MEDICATIONS

Child's physician _____ Phone () _____

Do you have medical insurance? yes no

Insurance company _____

Policy # _____ Group # _____

** In order to better meet your child's needs, we must be informed of ALL
physical, mental, emotional, and/or behavioral concerns.**

Please explain _____

Learning disabilities _____

Food allergies/special dietary needs _____

Other allergies/adverse reactions _____

AFTER SCHOOL ADVENTURE CAMP

ASAC RELEASE AND AUTHORIZATION FORM

*I have received and agree to abide by the policies in the ASAC Parent Handbook,
and give authorization for the following regarding my child/ren*

(Parent/guardian signature)

(Date)

PICK UP CONSENT

I give permission for my child to be picked up from school by ASAC staff.

INTERNET RELEASE

I give permission for my child to use the approved Internet websites during ASAC.

AUTHORIZATION FOR FIELD TRIPS

I give permission for my child to go on field trips with ASAC staff. (City Park and Library)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I authorize the ASAC staff to seek necessary medical treatment and emergency transportation for my child.

CONSENT TO SPEAK TO SCHOOL STAFF

In an effort to provide consistency for my child, I give permission for my child's teacher/counselor to speak to ASAC staff about my child's academic &/or behavioral progress at school.

LIABILITY RELEASE

I understand that neither Skiatook First United Methodist Church nor any member of its ASAC staff can be held liable for any accident or injury involving my child.

PERMISSION TO ADMINISTER MEDICATION AT ASAC UPON PARENT'S REQUEST

Name of medication _____

Dosage _____ Frequency/Time of day _____