

# the GAP

## After School Program 2016-2017 Registration Form

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

STREET

CITY & ZIP

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

<u>Child Name &amp; Birthdate</u>	<u>Age</u>	<u>School</u>	<u>Grade</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Is transportation needed to the church after school for listed child(ren)?  Yes  No

Would you like to receive emails about children's ministry at our church?  Yes  No

First United Methodist Church has permission to use images of my child(ren) in photograph or video format for promotional purposes. \_\_\_\_\_ (Please initial here.)

### Emergency Contact (other than parent(s)/guardian listed above)

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information and Release

Allergies/Comments \_\_\_\_\_

\_\_\_\_\_

In the case of an emergency, I give permission to the leadership of First United Methodist Church to obtain medical treatment to the above-named child. I will not hold the church responsible for any injuries incurred by this child while participating in the after school program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Dismissal Information

Name of person(s) who have permission to pick up your child(ren):

\_\_\_\_\_

### Other Information (For Church Use Only)

Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Method of Payment: CASH or CHECK

Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Method of Payment: CASH or CHECK