

# FUTURE After School Program REGISTRATION/CONSENT 2021-22 (K-6<sup>th</sup> Grade)

UNITY CENTER

685 Benton Pike NE, Cleveland, TN 37311

478-1661

PLEASE PRINT CLEARLY

STUDENT'S NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

LAST

FIRST

MIDDLE

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

GRADE entering (Fall 2020) \_\_\_\_\_ SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

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

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL

HOME

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL

HOME

ACCEPT TEXTS? YES NO FACEBOOK Account? YES NO Facebook Name: \_\_\_\_\_

DO YOU USE EMAIL? YES NO If yes, what is your email address? \_\_\_\_\_

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 understand that under the current Unity Center protocol, masks are required indoors and on buses.
- I give my permission for my (our) child to ride 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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NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

We are expanding our enrichment opportunities this year. Day to day experiences will include more outdoor physical recreation, more projects, and more age-level activities that all focus on developing the student's body, mind, and spirit.

A Homework Hub will be available at Unity Center as students need it.

## DAY(S) TO ATTEND

Once your child has been placed on the roster for the FUTURE After School Program, *that space is reserved in the program. Your child is expected to attend regularly on the day(s) you indicate below.*

Circle below:

ALL four days

Mondays

Tuesdays

Wednesdays

Thursdays

**TRANSPORTATION-Due to safety regulations we will not be able to run as many buses this year. We are asking families to pick up their children at Unity Center at the end of the day, if at all possible.**

***A separate Transportation Permission Form is required.***

PARENT PICK UP: \_\_\_\_\_ From school to Unity Center

\_\_\_\_\_ From Unity Center to home

BUS PICK UP: \_\_\_\_\_ From school to Unity Center (we will let you know if we pick-up at your school)

\_\_\_\_\_ From Unity Center to home (we will let you know if we can drop-off at your home)

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## SCHOOL CONTACT INFORMATION

I hereby give my permission for Unity Center to request information from my child's teacher(s) regarding his/her work in school.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THE OTHER SIDE**