

AFTER SCHOOL ADVENTURES
St. John United Methodist Church
12700 W. Hwy. 42, Prospect, KY 40059

REGISTRATION FORM
SCHOOL YEAR 2017-2018

Grade: _____(Fall 2017)

Student's Name: _____ Date of Birth: _____

Home Phone: _____ Business Phone: _____

Legal Address: _____

City: _____ Zip: _____

Mother's E-mail: _____ Father's E-mail: _____

Parent/Guardian: _____

Child's Physician: _____ Phone: _____

Hospital Preference: _____

Persons authorized* to remove your child(ren) from our program if parents cannot be reached. Those listed below are authorized to remove my child/ren from the facility. **Please call prior to inform us this person will be picking your child up. Please have ID and give your Key pad information to whom is picking up.**

Name	Address	Phone No.
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Name	Address	Phone No.
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Does your child have any allergies? Yes _____ No _____ If so, please list: _____

Does your child need any medication while in our program? Yes _____ No _____

Does your child have any medical problems of which we should know? Yes _____ No _____

If yes, please specify _____

What is your church home? _____

Would you like more information about St. John UMC? _____

Signature of Parent/Guardian: _____

***Unless there is a specific Custody Order from a Kentucky Court on file with St. John After School Adventures, a child may be released to the non-custodial parent.**

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MEDICAL RELEASE POLICY
SCHOOL YEAR 2016-2017

TO WHOM IT MAY CONCERN:

We (I) as parent(s) of _____,
Child's Name

_____, _____,
Child's Address Child's Birthday

do hereby authorize and direct the staff of the St. John After School Adventures to initiate the following actions in the event, in their best judgment, if our child needs medical attention in our absence.

We authorize the following staff personnel to act in our child's behalf and agree to "hold them harmless" for any treatment rendered:

Name(s) or "any and all" _____

1. Notify the parents by calling the following phone numbers: (include extentions)

At Home: _____

At work: (Mother) _____ Cell: (Mother) _____

At work: (Father) _____ Cell: (Father) _____

In the event we cannot be reached, call the person(s) listed below:

Name _____ Phone _____

If these persons cannot be reached, I give my permission for the rescue squad to be called. ____ Yes
____ No

2. We are authorized to provide any and all information available to qualified medical personnel or hospital staff without any signed specific permission to do so in the event our child is transported to any medical facility.

Insurance information, if required for admission or treatment, is as follows:

Insurance Carrier: _____ Policy Number: _____

Our signatures (only one needed) below indicate that we understand and consent to this document and will support the implementation of same.

Parent/Guardian Signature

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RESERVATION AND TUITION CONTRACT
SCHOOL YEAR 2017 - 2018

I would like to register _____
for After School Adventures at St. John United Methodist Church for
the following days each week (circle the days contracting for):

MON TUE WED THR FRI

Please complete this form and return it with your registration form and
\$55.00 one child, \$100.00 family non-refundable registration fee.

1. This form determines which days your child attends. The days you circle will determine the amount of tuition you will pay each week.
2. I understand that I am responsible for payment for these days unless I elect to use vacation time which amounts to 2 vacation days per year per weekly contracted day. Two weeks written notice must be given prior to using vacation time.
3. I have read and understand that if I sign up for a full day and cancel after the cut-off date, I am responsible for payment in full including, the activity fee.

Date: _____

Parent's Signature: _____

St. John Afterschool Program

2017-2018

Transportation Permission for
Disaster Preparedness Reunification

We, the parents of _____,
understand that the staff of St. John Afterschool as well as
church staff members will be allowed to transport my child/ren to the disaster
relocation site by their personal vehicles.

Signature of Parent: _____

Date _____

SUNSCREEN PERMISSION FORM
After School Adventures/Kids Club Camp
2017-2018

We give our permission for the St. John programs listed above to apply sunscreen on,
_____. We understand that the sunscreen will be
(Child/ren Name)

provided by your program unless we state otherwise. We authorize the staff personnel to act on our child's behalf and agree to "hold them harmless" if any medical treatments need to be rendered: **"any and all."**

We release the said above program's staff from liability related to sunscreen issues.

___ Yes, my child will be using the lotion provided by the program.

___ No, my child will be using the lotion I have provided to the program.

(Parent or Guardian Signature)

(Date)

PERMISSION TO PHOTOGRAPH CHILD

After School Adventures/Kids Club Camp
2017-2018

I give permission for my _____ photo to be published.
(Child/ren Name)

(NO NAMES WILL BE USED)

Yes / No The church/Afterschool/Kids Club Camp website/Bulletin Board

Yes / No The Afterschool/Kids Club facebook page

___ No, I do not give permission for my child to be photographed.

(Parent or Guardian Signature)

(Date)

POLICY AND PROCEDURE ACKNOWLEDGEMENT

After School Adventures
St. John United Methodist Church
12700 West Highway 42
Prospect, KY 40059
753-1767

We, the parent(s)/guardian(s) of _____
have read the After School Adventures Handbook for (School Year) 2017-2018.

We understand and agree to comply with the following policies:

Tuition Guidelines and Late Fees

Discipline Policy

Attendance

Health Rules

Full Days Policy

Vacation Time

Returned Check Policy

Sunscreen Permission Forms

Parent Emergency/Disaster Preparedness Reunification

Parent/Guardian Signature

* This form must be returned with all registration forms prior to your child's first day.

