

Grace United Methodist Church
After School Program
Every Thursday Beginning September 14th from 3:00-6:00 p.m.

Student Information

Child's First & Last Name:

| | | |
|----------------|------|-------------|
| Date of Birth: | Age: | Gender: M F |
|----------------|------|-------------|

Name of School:

Grade Level 2017-2018 School Year: K 1 2 3 4 5

Home Street Address:

| | |
|-------|------|
| City: | Zip: |
|-------|------|

Parent/Guardian/Emergency Contact Information

Parent/Legal Guardian
 First & Last Name:

| | |
|----------------|------------------|
| Primary Phone: | Secondary Phone: |
|----------------|------------------|

| | |
|----------------|-------------|
| Place of Work: | Work Phone: |
|----------------|-------------|

Parent Primary Email Address:

Parent/Legal Guardian
 First & Last Name:

| | |
|----------------|------------------|
| Primary Phone: | Secondary Phone: |
|----------------|------------------|

| | |
|----------------|-------------|
| Place of Work: | Work Phone: |
|----------------|-------------|

Emergency Contact First & Last Name:

| | |
|-----------------------------|-------------------------------|
| Emergency Primary Phone: | Emergency Secondary Phone: |
|-----------------------------|-------------------------------|

Medical Information

Does your child have any of the following:

Allergies: _____

Use an Epi Pen: Yes No

Use an Inhaler: Yes No

Any development concerns: Yes No

if Yes please specify: _____

Any learning concerns: Yes No

if Yes please specify: _____

Any dietary restrictions: _____

Any other medical concerns we would need to be aware of:

Are there any custody issues: Yes No
if Yes please clarify: _____

Pick Up Information

Who is permitted to pick up your child (include yourself, up to 4 people) All **MUST** provide drivers license upon pick up!!!! NO EXCEPTIONS!!! Only people listed will be permitted to pick up your child!!

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

4. Name: _____ Phone: _____

If you have any questions, please contact: Kara Krauss
Children/Youth Director at Grace United Methodist Church
724-463-8535 ext. #14

If your child does not have school due to weather cancellation or holiday, we will not have our afterschool program that day.

If we **NEED TO CANCEL** please follow our facebook page or website. We will also **email** the main contacts.

Parent Signature

I, _____ (Name of Parent/Legal Guardian)
give my child _____ (Name of Child) permission
to attend the Grace United Methodist Church After School Program.

Parent Signature: _____ **Date:** _____

Upon registration, more information will follow along with a time and day registration form. Thank you!