

Kids After School Registration Form

Frontenac United Methodist Church

102 S. Cayuga St ♦ 620.231.7798 ♦ www.frontenacumc.org ♦ fumcadmin@gmail.com

We are excited to welcome your student to our Kids After School program! Please complete this Registration Form and turn it in (with your fee) to the church office or school office by Friday, **February 3**. This will allow us to pick up your child from school beginning on Monday, February 6, the first Monday of our program. (Please list siblings on separate forms, but if address and other information is the same, it's not necessary to duplicate all information.)

Child's Name: _____ DOB _____ Grade: _____

This child requires a booster seat. (*for use when traveling to Medicalodges, 206 S Dittman, Frontenac*)

Main Email Address for Communication: _____

Main Address for Child _____ City _____ Zip _____

Mother's/Guardian's Name _____

Mother's Contact Numbers: Home: _____ Work _____ Mobile _____

Father's/Guardian's Name: _____

Father's Contact Numbers: Home: _____ Work _____ Mobile _____

Child's Physician _____ Phone _____

Allergies _____ Allergic Reactions _____

Medications _____

Emergency Contacts (local only):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Hospital Preference: _____

Insurance Company: _____ Policy Number _____

The following persons are authorized to pick up my child from the church at 5:00 p.m.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I give permission for representatives from Frontenac UMC's Kids After School program to pick up my child _____ (child's name) after school and walk to Frontenac UMC for the after school program.

I give permission for representatives from Frontenac UMC's Kids After School program to transport my child _____ (child's name) from FUMC to Frontenac Medicalodges on 2/27, 3/27, and 4/24.

In the event that my child _____ suffers an injury or illness while in the care of Kids Club at Frontenac United Methodist Church and the facility is unable to contact me/us immediately, I/we give authorization for the volunteer staff of Frontenac UMC to secure such medical attention and care for the child as is necessary. I understand that Frontenac UMC will make every possible attempt to contact me/us, the child's physician, and other persons listed as an emergency contact. I/We will not hold Frontenac UMC personnel responsible for the accident or illness. I/We further understand that the parent/guardian is responsible for any and all medical expenses incurred during the treatment of my child.

Parent Signature: _____ Date: _____