

Gethsemane United Methodist Church
God's Kids Afterschool Program 2011 - 2012

Enrollment Form (You may put more than 1 sibling on a form.)

Full time: _____ **or Part time:** _____

Please Print:

Child's Name: _____ **Birthdate:** ___/___/___ **Phone:** _____

Home Address: _____ **School:** _____

City, State, Zip: _____ **Grade in school Fall 2010:** _____

Child's Physician: _____ **Phone:** _____

Child's Dentist: _____ **Phone:** _____

Hospital Preference: _____

Please list any known allergies, medication, fears or any other information you feel the staff should know about your child: _____

Parents / Guardians: _____ **Email address:** _____

Father: _____ **Employer:** _____ **Work Phone:** _____

Dad's Cell #: _____

Mother: _____ **Employer:** _____ **Work Phone:** _____

Mom's Cell#: _____

Other Contact Persons who might help us locate you or may pick up your child:

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Please list persons who have permission to pick up your child from our facility:

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Please acknowledge your understanding of and agreement with the following policy by signing below:

I have received a copy of the Students' and Parents' Brochure. I understand the guidelines and rules of the Gethsemane UMC **God's Kids 2011-2012 Afterschool Program** and agree to the terms as described. My child has my permission to participate in all activities sponsored by the Program. I hereby release, indemnify, and hold harmless from any and all claims, damages, and other liabilities from injuries to, or damage by my child which are not a result of negligence by the Gethsemane UMC **God's Kids 2010-2011 Afterschool Program** or its personnel.

Parent/Guardian Signature: _____ **Date:** ___/___/___

Please return this completed form with your \$30.00 registration fee to:
Gethsemane United Methodist Church
Afterschool Program
100 NC 150 West
Greensboro, NC 27455

How did you hear about our Program? _____

What church do you attend? _____ **Other Email address:** _____

TRIPS PERMISSION & INSURANCE FORM**
For God's Kids Afterschool Program
SCHOOL YEAR – 2011-2012

My child/children, _____

has/have permission to go with the Gethsemane U.M.C. **God's Kids** Afterschool Program & to participate on all trips. I understand that any trips that vary from the Schedule will be announced to me verbally & in writing ahead of time. I/We will trust that the leaders of this group will act responsibly towards the children. I/we will not hold them financially responsible should there be any unforeseen accident involving my child/children on the church premises or while on a trip. I further give permission for the Group Leaders to offer Insurance Information for my child/children in the event of an emergency until I can get there.

Each Child's Name: _____

Medical Insurance Company: _____

Policy #: _____

Policy is in the Name of: _____

Preferred Hospital: _____

Print Parents' Names: _____

Parents' Phone #s: _____

Parent's Signature: _____

Today's Date: _____

**We need insurance information to keep on file incase of an emergency. In any situation that is extreme, we will make every attempt to contact you, the parent(s) so that you can handle the situation with your child. We feel that this insurance information would only be used in an extreme situation if we could not get you and if there was indeed a real emergency.