

**FUTURE After School Program REGISTRATION/CONSENT 2020-21**

**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 \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONES: \_\_\_\_\_

CELL

WORK

HOME

MOTHER'S NAME \_\_\_\_\_ PHONES: \_\_\_\_\_

CELL

WORK

HOME

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

INSTAGRAM Account? YES NO Instagram Name: \_\_\_\_\_

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 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** \_\_\_\_\_

**Due to Covid 19 our program will be different this year. It will be a mixture of at-home enrichment, instruction and periodic in-person small groups (no bus transportation provided) at Unity Center. As circumstances allow, we will ease into larger in-person groups.**

**Circle what you have access to at home:**

Wi-Fi/Internet Access      Computer (desktop or laptop)      iPad/Tablet      Smartphone

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**INDIVIDUALIZED TUTORING/HOMEWORK HELP – for students who are struggling**

**My student is struggling with:** \_\_\_\_\_

**What day is best for your student (circle one)**    M    Tu    W    Th    F

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**SCHOOL CONTACT INFORMATION**

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

Student’s Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

I also give permission for access to Power School/Parent Portal

User Name \_\_\_\_\_ Password \_\_\_\_\_

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

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**DAWN YOUTH GROUP (for Grades 7-12)**

**There will be a weekly DAWN Zoom Youth Meeting at 4:15pm. What day works best for you? CIRCLE ONE**

**M    Tu    W    Th**

**PLEASE COMPLETE THE OTHER SIDE**