

**FUTURE After School Program REGISTRATION/CONSENT 2023-24 (K-6<sup>th</sup> Grade)**

**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 2023) \_\_\_\_\_ SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE: \_\_\_\_\_  
CELL

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE: \_\_\_\_\_  
CELL

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

DO YOU USE EMAIL? YES NO If yes, what is your email address? \_\_\_\_\_

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 understand that Unity Center will abide by the health and safety regulations as required by Broad Street UMC.
- 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 Center.
- 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** \_\_\_\_\_

We continue to expand our enrichment/life skills opportunities. Day to day experiences will include more outdoor physical recreation, more projects, and more age-level activities that all focus on developing the student’s body, mind, and spirit.

A Homework Hub will be available at Unity Center as students need it.

**DAY(S) TO ATTEND**

Once your child has been placed on the roster for the FUTURE After School Program, *that space is reserved in the program. Your child is expected to attend regularly on the days they are assigned.*

*We are in the process of developing bus routes; it would be helpful if you would indicate your preference with our two-day format. Please indicate 1<sup>st</sup> choice **and** 2<sup>nd</sup> choice. We cannot guarantee your first choice.*

Mondays/Wednesdays

Tuesdays/Thursdays

**TRANSPORTATION**

- **Due to bus driver and financial limitations, we can only provide transportation from schools to Unity Center.**
- **We are planning to pick up at the following schools: Arnold, Blythe Bower, Mayfield, Michigan Ave., Oak Grove, Cleveland Middle, Ocoee Middle, and Cleveland High,**
- **Families are to make arrangements to pick up their children at Unity Center at the end of the day. A separate Transportation Permission Form is required for pick up at schools.**

PARENT PICK UP: \_\_\_\_\_ From school to Unity Center

\_\_\_\_\_ From Unity Center to home

BUS PICK UP: \_\_\_\_\_ From school to Unity Center *(we will let you know if and what days we pick-up at your school)*

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**SCHOOL CONTACT INFORMATION**

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

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

School \_\_\_\_\_

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

**PLEASE COMPLETE THE OTHER SIDE**