

FUTURE After School Program REGISTRATION/CONSENT 2023-24 (7th and Up)

UNITY CENTER

685 Benton Pike NE, Cleveland, TN 37311

478-1661

PLEASE PRINT CLEARLY

YOUTH NAME _____ M _____ F _____

LAST

FIRST

MIDDLE

BIRTHDATE _____ AGE _____ YOUTH PHOTO MAY BE USED for PROMO PURPOSES (circle one) YES NO

GRADE entering (Fall 2023) _____ SCHOOL _____ HOMEROOM TEACHER _____

YOUTH CELL PHONE _____ ACCEPT TEXTS? YES NO YOUTH EMAIL _____

FACEBOOK? YES NO FACEBOOK NAME _____ INSTAGRAM? YES NO INSTAGRAM NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN NAME _____ PHONE: _____

CELL

PARENT/GUARDIAN NAME _____ PHONE: _____

CELL

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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YOUTH NAME _____

Youth Email Address _____ Youth Cell Phone # _____

DAY(S) TO ATTEND

Once your youth has been placed on the roster for the FUTURE After School Program, *that space is reserved in the program. **Your youth 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 1st choice **and** 2nd choice. We cannot guarantee your first choice.*

Mondays/Wednesdays

Tuesdays/Thursdays

EXTRACURRICULAR ACTIVITIES

What extracurricular activities do you plan on participating in this school year (such as sports, clubs, band/choir, or part-time jobs)? _____

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: 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)*

For your parent/guardian to sign:

I (THE PARENT/GUARDIAN) HEREBY GIVE MY PERMISSION FOR UNITY CENTER TO RECEIVE INFORMATION FROM MY CHILD'S TEACHER CONCERNING HIS/HER WORK IN SCHOOL.

Youth Name _____ Grade _____

School _____

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE COMPLETE THE OTHER SIDE