

Cumming First United Methodist Church
AFTER SCHOOL

School Year: _____

Child's Name: _____ DOB: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Child's School: _____ Grade: _____

Father's Name: _____ Cell Phone: _____

Father's Address (if different): _____

City: _____ State: _____ Zip: _____

Father's Employer: _____ Work Phone: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Cell Phone: _____

Mother's Address (if different): _____

City: _____ State: _____ Zip: _____

Mother's Employer: _____ Work Phone: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Father's Email: _____ Mother's Email: _____

Child's Living Arrangement: _____ Both Parents _____ Mother _____ Father _____ Other

Child's Legal Guardian(s): _____ Both Parents _____ Mother _____ Father _____ Other

Emergency Contact Information: (person to be contacted if parents cannot be reached)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

My child may be released to the person(s) signing this agreement or the following:

Name: _____ Relationship _____

Address: _____ Phone: _____

Name: _____ Relationship _____

Address: _____ Phone: _____

Child's Doctor or Clinic: _____ Phone: _____

My child has the following special needs: _____

The following accommodations may be helpful to meet my child's needs while at After School:

My child is currently on the medications prescribed for long term use and/or has the following pre-existing illness, allergies or health concerns: _____

Emergency Medical Authorization:

If (Child's Name) _____ should suffer an injury or illness while in the care of CFUMC After School and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child is necessary, I (we) shall assume responsibility for payment for services.

Parent / Guardian: _____ Date: _____

Facility Administrator / Director: _____ Date: _____