



*Preschool/Afterschool*

*Fair Grove United Methodist Church*

*"Constructing God's Kingdom one kid at a time!"*

**336-475-3464**

[www.fairgrovekingdomkids.com](http://www.fairgrovekingdomkids.com)

***Fall 2019-2020***

***Afterschool***

***Registration Form***

***Afterschool (K-8th grade)***

***Begins August 28th***

***Tuition and Fees***

***Registration Fee—\$40.00***

***(Early Registration \$30.00-until July 12th)***

***Pick up from Fair Grove, Brier Creek, Pilot & Brown***

***\$60.00 per week***

***Hours-2:30-6:00***

***Summer, Holidays and Teacher workdays are***

***7:00am-6:00pm***

# ***Fair Grove Kingdom Kids—Afterschool Student Registration Form***

Office Use Only:

Date Received \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Start Date \_\_\_\_\_

*Name of Child: First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_

*Prefers to be called* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Birth date* \_\_\_\_\_

*School* \_\_\_\_\_ *Grade* \_\_\_\_\_

## ***Family Information***

*Parent/Legal Guardian's Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Employer* \_\_\_\_\_

*Work Phone* \_\_\_\_\_ *Cell Phone* \_\_\_\_\_

*Email address* \_\_\_\_\_

*Parent/Legal Guardian's Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Employer* \_\_\_\_\_

*Work Phone* \_\_\_\_\_ *Cell Phone* \_\_\_\_\_

*Email address* \_\_\_\_\_

*Child resides with:* \_\_\_\_\_

*Are there any custody issues we need to be made aware of?:*  *Y*  *N* (please circle)

*If yes, please bring necessary papers to the office.*

*Other Siblings:* \_\_\_\_\_ *age* \_\_\_\_\_

*Other Siblings:* \_\_\_\_\_ *age* \_\_\_\_\_



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## Student Health Form

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Emergency Information:

1st Contact Name \_\_\_\_\_ Number \_\_\_\_\_

2nd Contact Name \_\_\_\_\_ Number \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Number \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Number \_\_\_\_\_

Insurance Policy Holder: \_\_\_\_\_

Insurance Name \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Please list your child's allergies (including foods) and health concerns:

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Please list current medications: (medication forms are required for all medication administered by Kingdom Kids staff)

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*\*In the case of an emergency, 911 will be called and the child will be transported to the nearest hospital.*

Do you give permission for your child to be photographed for publications or advertisements. Yes \_\_\_\_\_ or No \_\_\_\_\_

*IF yes, "Like" us on Facebook to see your child engaged in our activities.*



**Fair Grove United Methodist Church-Weekday Children's Ministry  
Travel Permission Slip**

For the School year of: 2019 -2020

Method of Travel: Church Van

Exact dates and times may vary; but will be scheduled within business hours. See attached for trip details.

I understand that by signing this form, I am authorizing my child, \_\_\_\_\_ to participate in the field trips scheduled for the summer listed above. I understand that all trips will be under the direct supervision of a faculty member(s) of Fair Grove United Methodist Church Weekday Children's Ministry and that my child is transported in a Church owned vehicle (children will be properly restrained with seatbelts or in appropriate booster seat/car seat if necessary). I request that my son/daughter be allowed to attend such field trips.

I also authorize any medical treatment in case of an emergency and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify Fair Grove United Methodist Church Weekday Children's Ministry and Fair Grove United Methodist Church, its agents, representatives, employees from all claims, damages, or other liabilities for injuries to my son/daughter which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the school, or its agents, representatives, or employees.

Parents or Guardians Names: \_\_\_\_\_

Cell phone:( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

Home phone:( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

Work:( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

Please list any medical, physical conditions, restrictions, or allergies your child has that we should be aware of: \_\_\_\_\_

Insurance Holder: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_