



CUMC Mid-Week Program

2018- 2019 REGISTRATION FORM

Concord United Methodist Church
1645 West St. Concord, CA 94521

925-685-5260

midweek@concordumc.org

Wednesdays 1 PM - 6 PM

Cost \$0.00

Arts and Crafts

Homework Assistance

Outdoor and Team Games

Healthy Snacks will be provided

CHILDREN MUST BE IN KINDERGARTEN - 8TH GRADE

Name of Child: (Please fill out a registration form for each child)

_____ Age _____

Grade in Sept. 2018 _____

Birth Date: _____

Parent or Guardian Responsible:

Name: _____

Address: _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Relationship to child _____

MEDICAL RELEASE

I hereby authorize Mid-Week Leadership to obtain medical treatment in case of an emergency for (Name of child)

_____ during the Mid-Week program.

Signed _____

Insurance Co. _____

Today's Date: _____

Medical Ref. # _____

Please list any medical conditions or **allergies** that the Mid-Week staff should know about.

PLEASE TURN OVER TO THE BACK SIDE.

Three Local Emergency Contacts

Name: _____

Relationship: _____

Best Phone Number: _____

Name: _____

Relationship: _____

Best Phone Number: _____

Name: _____

Relationship: _____

Best Phone Number: _____

By signing below, you are granting Concord United Methodist Church to take still and moving photographs of the child participating in this program. The undersigned consents and authorizes Concord United Methodist Church to use and reproduce the photographs, films, and pictures to circulate and publicize this program by any means.

The undersigned also grants Concord United Methodist Church permission to display original or reproduced works of art that are produced by the participant during this program.

Lastly, by signing below, you release Concord United Methodist Church of all responsibility and liability if your participant, for any reason, leaves the premises without prior permission from the church staff and volunteers, or is injured while attending the program.

Signature of Parent/Guardian

Date