



Child's Name: _____ Date of Birth: _____

Grade: _____ Siblings: _____

Parent/Guardian Name(s): _____

Address: _____ E-mail: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Emergency Contacts Information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Information:

(Allergies, Medications, Other Pertinent Medical Information)

Special Needs To Be Considered:

I grant permission for a licensed physician, chosen by a Connections/Panama United Methodist Church representative, to perform emergency medical treatment, including x-rays, the prescription of drugs, or surgery for my child. I assume liability for any resulting expense not covered by church insurance.

Name of Insurance Company: _____

Days Attending (Circle): **M** **T** **W** **R** **F**

Child will be picked up NO LATER than 5:30 PM.

Please indicate pick up times other than 5:30 PM.

Person(s) Permitted To Pick Up Child Other Than Parents:

I have read and agree with the Connections Payment Policy (see back). (please check box)

Parent/Guardian Signature _____ **Date** _____

Connections Payment Policy

Payments are due at the end of each month. All accounts must be current in order for the child to continue to participate. When payments are delinquent over 30 days, the child may not be allowed to participate in Connections until those payments are made.

Payment arrangements can be made with the church ahead of time to avoid delinquency. Financial hardships will be considered if a request is made. Please call 782-4031 to speak with Debbie or Pastor Steve to make payment arrangements.

Thank you for your consideration of our teachers and the Panama United Methodist Church by making timely payments.

PERMISSION TO TAKE PICTURES

YES, my child, _____ (print name), has permission to have his/her picture taken while attending our Connections After-School program.

Please print your name: _____

Please sign your name: _____