

**CARLYLE FIELDING STEWART FAMILY LIFE CENTER
RAYS OF HOPE AFTER SCHOOL LATCHKEY APPLICATION**

After School Latchkey Hours: 3:00 PM—6:30 PM

Cost: \$45.00 per week for drop off (3 days or more), \$55.00 per week for pick-up (3 days or more)
\$10 per day drop off, \$15 per day pick-up (up to 2 days)

Child's Name (Last, First, Middle Initial) _____

Address _____

City, State, Zip _____

Male _____ Female _____ Grade _____ Age: _____ Birthday: _____

Mother/Guardian _____

Home Phone () _____ Daytime Phone() _____

Cell Phone () _____ Email Address: _____

Father/Guardian _____

Home Phone () _____ Daytime Phone() _____

Cell Phone () _____ Email Address: _____

Make check payable to Hope United Methodist Church. Fees must be paid with registration.

Thereafter, fees must be paid on Friday for the next week.

_____ **Drop Off /School:** _____, _____ **Pick-Up/School:** _____

Discount for immediate family members: A discount of \$5 will be given to additional immediate family members (siblings).

Late Policy: If a parent picks up a camper after 6:30 PM, an overtime fee of **\$15** for the first ten minutes and **\$5** for each additional five minutes will be charged. All late fees must be paid in cash directly to the Fitness Center Director on the day of service.

PICK-UP/RELEASE INSTRUCTIONS

The child named above has my permission to be picked up by person(s) listed below. I understand my child cannot be picked up from Hope United Methodist Church by anyone except his/her guardians unless they are on this list. I understand that valid identification is required.

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please attach another sheet to add more individuals.

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MEDICAL INFORMATION

Insurance Carrier: _____
Company: _____
Address: _____
City, State, Zip _____
Policy Number _____

CONSENT OF MEDICAL TREATMENT

Allergies (medicine, food, etc.) _____
Last Tetanus Shot _____
Medication currently taking _____
Current Health Problems _____

Please attach any other information you feel camp staff should know.

In the event of an emergency where I cannot be reached, I hereby give permission for my child to receive the necessary medical attention for any condition or injury suffered while he/she is attending camp. I understand that I am responsible for any expenses incurred on her/his behalf in connection with treatment.

Child's Physician _____ Physician's Phone () _____
Child's Dentist _____ Dentist's Phone () _____

If unable to contact parent, next person to contact in case of emergency:

Name _____ Phone Number () _____

FIELD TRIP PERMISSION

My child has permission to attend all field trips arranged by Rays of Hope After School Latchkey Program. I understand that I will receive complete details of every trip that my child will attend.

WEBSITE/PHOTO RELEASE

I give permission for my son/daughter's image and likeness to be used on the Hope United Methodist Church (HUMC) website as well as in any promotional materials for HUMC, Rays of Hope Programs or any company that we contract to facilitate a particular program. I understand that I will receive no compensation for the use of any photo that is use. All pictures will become the property of HUMC.

LIABILITY/WAVIER OF CLAIM

It is expressly agreed that all use of the Center's facilities' equipment and programs shall be untaken by a member/participant at his/her own risk, and Hope United Methodist, Carlyle Fielding Stewart III Family Life Center shall not be liable for injuries or any damages whatever, to program participants including, without any limitation, those damages resulting from acts of active or passive negligence on the part of Hope United Methodist Church, Carlyle Fielding Stewart III Family Life Center, its owners, employees, officers or agents. The member/participant, for himself or herself, and on behalf of his or her executors, administrators and assigns, does hereby expressly forever release and discharge HOPE UNITED METHODIST CHURCH, CARLYLE FIELDING STEWART III FAMILY LIFE CENTER, its successors and assigns, as well as its owners, employees, officers or agents, for all such claims, demands, injuries, damages, actions or causes of action. By signing application, member acknowledges receipt of Policies and Procedures.

By signing below, I certify that I have read and understand all of the above information.

Print Name _____ Signature _____

Date _____ Relationship to the child _____