

2020 Wednesday Children's Afterschool Program Music Plus and Hoops DiscipleTown Registration Form



Ride Bus? _____ Yes _____ No

(CES, PTH, CMS: availability of bus pick up from each of these schools is depending on sufficient interest)

Name _____

Age _____ Birthdate _____ Grade _____ School _____

Address _____

Parents' Names _____ Home phone _____

Work/Cell Phones _____

Email address _____

Home church _____

Doctor's name _____ Phone _____

Food Allergies? _____

Person(s) authorized to pick up child:

Mom _____ Dad _____ Others _____

Emergency contact if parent or guardian cannot be reached:

Name _____ Relationship _____

Emergency contact phone _____

I give my permission to Bethesda to seek medical attention for my child if necessary while participating in the programs. I understand that all necessary precautions will be taken for my child's safety. I will not hold the church, its staff, or those supervising liable.

Bethesda will be practicing standard Co-Vid guidelines with masks, handwashing, and social distancing as applicable in this environment. We ask that you also adhere to the guidelines by not sending a child with any questionable symptoms or exposure. If they are unable to attend school, they are unable to attend an after-school program. Thank you for helping us operate safely in today's situations.

Signature of Parent or Guardian: _____

_____ Program Fee of \$25/child (Fee helps to cover snacks, materials, special events).