



2490 West State Road, West Branch, Michigan 48661 989-345-0210 www.westbranchfumc.org
 Look on **facebook** for upcoming events at: **Family Ministries Out Reach at 1st UMC of West Branch, MI**



Rev. Timothy Dibble, Pastor **Linda Hall**, Site Director hall4thee@gmail.com

Participant Registration (Students going into 1st - 6th Grade) **8 AM - 4 P.M.** Aftercare from 4 PM until 5:15 PM. *Please* state which days your child(ren) will be attending. (If **ALL**, just check that column, if not select the days your family can attend.) **Thank you.**

Name	Date of Birth	going into Grade	T-Shirt Size	All	M	T	W	Th	F

Address _____ City _____ State _____ ZIP _____

Home phone _____ School child(ren) Attends _____

Do you have a home church? ___ No. Yes, where _____ YES for After Care ___

Do you have Family email address? ___ No. Yes, _____ YES for TRANSIT ___

Please State <u>Adults Names</u> Below:	HOME PHONE	WORK PHONE	CELL PHONE	OTHER (pager, etc.)
Mother (or Caregiver)				
Father (or Caregiver)				
Emergency				
Emergency				

Permission: The undersigned parent/guardian hereby gives permission for the above-listed child(ren) to take part in all activities for our **GAP Session by the dates listed above between Monday through Friday, unless otherwise stated** sponsored by West Branch First United Methodist Church (First UMC).

Parent/Guardian Signature _____ Date _____

Participant Release Information: These questions are asked and will be strictly enforced by the staff for the safety and protection of your child(ren).

Will the participant(s) be leaving and returning the same day at any time during the program? No ___ Yes? ___ When? _____

Will the participant(s) be picked up early? _____ If so, what time? _____

Specific person(s) to whom the participant(s) should **NOT** be released: _____

Names of persons who will be dropping off &/or picking up the participant(s) _____

Parent/Guardian Signature _____ Date _____

Exceptions/Restrictions/Food Allergies/Special Needs:

Parent/Guardian Signature _____ Date _____

CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

I may be unavailable between **dates stated above**, during which time my children (list each child by name and age)

will be under the care of the **GAP SESSION**, for the dates listed above, by Site Director, Linda L. Hall, at First United Methodist Church of West Branch. I hereby authorize such medical and/or surgical treatment as required for any of the afore-said children by any physician, hospital, and or agent of the hospital to whom this form is presented.

Parent's Signature: _____ **Date:** _____

Please list below any allergies any child may have, any medication any child is taking, and the date of each child's last tetanus booster shot.

Child's Name: _____ Age: _____ Date of Last Tetanus Shot: _____

Allergies: _____ Medications currently being taken: _____

Child's Name: _____ Age: _____ Date of Last Tetanus Shot: _____

Allergies: _____ Medications currently being taken: _____

Child's Name: _____ Age: _____ Date of Last Tetanus Shot: _____

Allergies: _____ Medications currently being taken: _____

Child's Name: _____ Age: _____ Date of Last Tetanus Shot: _____

Allergies: _____ Medications currently being taken: _____

Special Instructions: _____

Even though this form may be presented in an emergency situation every effort will be made to reach the child(ren)'s parents &/or guardians.

Describe medications your child(ren) will need to take while attending the program (include child's name, dosage and time to be taken). If prescribed medications will accompany the child, such medications must remain in prescription bottle and include clear directions for administration and then be sealed in a zip-lock bag. They also must be given to the GAP Site Director, Linda L. Hall, who will serve as on-site health officer. There will NOT be a professional nurse on-site.

Health insurance company _____

Policy holder's name _____

Policy number _____ Group number _____

Plan code _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Authorization: I authorize use of the first-aid medications/treatments listed above, except those I have crossed off, as symptoms indicate.

Parent/Guardian Signature _____ **Date** _____

Photo Release: I agree that video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child(ren) during our program may be used, distributed, or shown as the Church sees fit. I understand that no photographs will be taken of my child(ren) if I do not sign this authorization.

Parent/Guardian Signature _____ **Date** _____

The following first-aid treatments will generally be available. **Please cross off any that you do not approve** for your child(ren), if needed:

Adhesive bandages

Aloe lotion

Antacid

Anti-itch ointment

Aspirin

Benadryl or equivalent

Cough drops

Dramamine

Nasal decongestant

Neosporin

Sunscreen

Tylenol or equivalent

Tylenol Jr. or equivalent

Please read and **sign** your initials only on items that will apply for your child(ren).

Participation Release Policy:

1. At the end of each program day, the **GAP** Site Director or designee will have the participant release form listing the persons authorized to pick up the participant. Each participant will check out with the Site Director or designee, at which time that adult will make sure the participant leaves with person listed on the form. Parental Initials _____
2. If an unauthorized person appears to escort the participant home, telephone contact with the parent /guardian will be attempted. If unable to contact the parent/guardian, the Site Director may attempt to contact grandparents or emergency contacts. Verbal authorization (via telephone) or text message from the parent/guardian for than other adult to take the participant is acceptable, provided two adult chaperones witness the authorization. Photo identification or verbal description should be used to confirm the identity of the transport. Parental Initials _____
3. If participant is taken from our event without proper authorization, the Site Director or designee should immediately call the local sheriff's department and report the incident. Parental Initials _____
4. **** All persons picking up children will be required to sign them out in the program log book, in person, unless other arrangements are made in advance.** Parental Initials _____
5. **** Change of transporters/transportation:** A different transportation for a child within our program will have the child arrive with a note arriving with transporter signed by parent/guardian, is acceptable, provided the signatures matches handwriting on this form. All transporters must be 21 years old or older, except for siblings driving siblings. Should plans change during the day of program, please send with the person of your choice with a written note and contact the Site Director by phone or text. Parental Initials _____
6. **Extended hours program:** I understand that **First United Methodist Church** will provide a special extended hours program each afternoon from 4:00 p.m. until 5:15 p.m. (called **Aftercare**), Monday through Friday. This service must be preapproved by the Site Director before the start of the program &/or on specific day, as needed. Children **MUST** be picked up no later than 5:15 p.m. I understand that my children are not permitted to be in the church nor on the church grounds before 7:45 a.m. and not later than 5:15 p.m. daily. * Please check the line on page one for this program. Parental Initials _____
7. **I understand and agree to comply with the rules listed on this page.**

Parent's Signature: _____ **Date:** _____

- **Transit travel** to or from our site by participants, is allowed. *Please make sure to check this line for allowing your children to travel in/out of our program with this mode of transportation. Parental Initials _____
- **Walking/riding bicycle:** If your participant will be walking and/or riding their own bicycle to and from our program without adult supervision, please write a note of permission in the space beside your signature. Your signature acknowledges your understanding and agreement that you are aware of the risks involved and that **First United Methodist Church, it's staff and volunteers cannot be held responsible nor liable for unsupervised walkers or bikers once they leave our church grounds. Any child who does not have this permission will not be permitted to leave without an adult escort.**

I, _____, give _____ permission to travel under their own power to and from this event and site. **Parent's Signature:** _____ **Date:** _____

**** Are places where all parents must initial acknowledging that they understand our program's operational rules.**

Field Trip Transportation:

1. I authorize my children to be transported during this session of Summer GAP of the Detroit Conference, it's Districts or Agencies by staff members and/or volunteers of the West Branch United Methodist Church.
2. I understand that there may be two adults in this vehicle and that the driver will be a certified caregiver of the Conference, at least 21 year s of age.
3. Special permission slips will be given prior to these driven events.
4. In addition, I understand and agree that my children may go on "walking Field Trips' in a chaperoned group within the vicinity of the church within the City of West Branch and West Branch Township.

Parent's Signature: _____ **Date:** _____

Swimming: My child(ren)'s swimming abilities are estimated below. If my child needs accessories for swimming (water wings, life jackets, ear pugs, etc.) I will provide them. I understand that a lifeguard will be on duty when our participants will be swimming.

Child's name:	Swimming Ability (please circle)	Accessories needed
	Excellent Good Fair Poor	
	Excellent Good Fair Poor	
	Excellent Good Fair Poor	

Parent's Signature: _____ **Date:** _____

GAP Sessions

WINTER ___ Dec 27-28 & 31, 2018 **SPRING** ___ March 25-29, 2019 **SUMMER** ___ June 24 - August 2, 2019

This form will be updated yearly or as needed. ___ Winter ___ Spring ___ Summer Session ___ Year

* **Please** share known dates of when the participant(s) may be missing our program. My child(ren) will miss the following **GAP** dates due to:

___ **Community Play** ___ **Summer School** ___ **Other: Please State:** _____

List of dates: _____

Parent's Signature: _____ **Date:** _____