



# FIRST UNITED METHODIST CHURCH

*"Living Christ's Presence through Love and Service"*

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## Homework Club Registration Form

2015-2016

Grades 1-5

**PLEASE RETURN TO CHURCH OFFICE OR HOMEWORK CLUB LEADER ON OR BEFORE YOUR CHILD'S FIRST NIGHT OF PARTICIPATION**

|  |  |   |       |   |                       |
|--|--|---|-------|---|-----------------------|
| CHILD'S NAME: <i>(First, Middle, Last)</i>   |  | BIRTH DATE: <i>(Mo., Day, Yr.)</i>          |       | SEX:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                       |
| PREFERRED NAME:  |  | AGE and GRADE AS OF SEPTEMBER 1, 2015:      |       | CURRENT SCHOOL:   |                       |
| STREET ADDRESS:  |  |   | CITY: |   | STATE:      ZIP CODE: |
| FAMILY E-MAIL ADDRESS: <i>(FUMC will neither sell nor share you address, and will be used for communication purposes only.)</i>  |  |   |       | PHONE NUMBER:   |                       |
| PARENT'S NAME:   |  | ADDRESS: <i>(If Different Than Child's)</i> |       | MOBILE/CELL PHONE NUMBER:   |                       |
| EMERGENCY CONTACT NAME 1:  |  | ADDRESS:                                    |       | MOBILE/CELL PHONE NUMBER:   |                       |
| EMERGENCY CONTACT NAME 2:  |  | ADDRESS:                                    |       | MOBILE/CELL PHONE NUMBER:   |                       |
| DESCRIBE ALLERGIES, LIMITATIONS OR SPECIAL NEEDS, WHICH WE SHOULD BE AWARE OF:   |  |   |       |   |                       |
| IS THERE ANYTHING ELSE WE SHOULD KNOW THAT WOULD HELP US TO HELP YOUR CHILD?   |  |   |       |   |                       |
| MY TOP THREE GOALS FOR MY CHILD'S PARTICIPATION IN HOMEWORK CLUB ARE:<br><br><input type="checkbox"/> COMPLETE HOMEWORK <input type="checkbox"/> IMPROVE MATH UNDERSTANDING <input type="checkbox"/> LEARN BASIC MATH FACTS<br><input type="checkbox"/> IMPROVE READING SKILLS <input type="checkbox"/> IMPROVE ATTITUDE TOWARD LEARNING   |  |   |       |   |                       |
| <b>MY CHILD WILL ARRIVE AT HOMEWORK HELP BY 4:15 ON WEDNESDAYS. I UNDERSTAND THAT MY CHILD MUST BE PICKED UP FROM THE PROGRAM BY AN ADULT OR OLDER SIBLING NO LATER THAN 5:45 P.M.</b>   |  |   |       |   |                       |
| Parent/Guardian Signature:   |  |   |       | Date:   |                       |
| <b>I GIVE MY CHILD (5TH GRADE OR ABOVE) PERMISSION TO WALK HOME FROM HOMEWORK CLUB WITHOUT AN ADULT OR OLDER SIBLING.</b>  |  |   |       |   |                       |
| Parent/Guardian Signature:   |  |   |       | Date:   |                       |
| CONSENT TO PHOTOGRAPH AND MEDIA RELEASE: <i>I understand that my child's photograph or video may be taken during the course of homework help. I hereby grant permission to FUMC to use my child's photograph or likeness in any publicity or promotional publications, and to allow the news media to film and/or photograph programs and activities for broadcast purposes.</i> |  |   |       |   |                       |
| <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT    Parent/Guardian Signature: _____  |  |   |       | Date: _____   |                       |