



FIRST UNITED METHODIST CHURCH

"Living Christ's Presence through Love and Service"

321 Oak Street • DeKalb, IL 60115

Phone: (815) 756-6301

Email: office@firstumc.net

Website: www.firstumc.net

Study Club Registration Form

2015-2016

Grades 6-8

PLEASE RETURN TO CHURCH OFFICE OR STUDY 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: <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 STUDY CLUB ARE:					
<input type="checkbox"/> COMPLETE HOMEWORK		<input type="checkbox"/> IMPROVE READING COMPREHENSION			
<input type="checkbox"/> LEARN STUDY STRATEGIES		<input type="checkbox"/> COMPLETE ENRICHMENT STUDY PROJECTS			
<input type="checkbox"/> IMPROVE MATH UNDERSTANDING SKILLS		<input type="checkbox"/> LEARN TO WORK WELL WITH OTHERS			
MY CHILD WILL ARRIVE AT STUDY CLUB BY 3:00 ON WEDNESDAYS. I UNDERSTAND THAT MY CHILD WILL BE DISMISSED FROM THE PROGRAM NO LATER THAN 4:10 P.M.					
<input type="checkbox"/> MY CHILD WILL BE WALKING TO STUDY CLUB FROM SCHOOL. PLEASE CALL 815-756-6301 IF YOUR CHILD WILL NOT BE IN ATTENDANCE. <i>(We want to be sure all expected children arrive safely.)</i>				Date:	
<input type="checkbox"/> MY CHILD WILL BE WALKING HOME.					
<input type="checkbox"/> MY CHILD WILL BE PICKED UP. <i>(Please let us know in advance who is authorized to pick up your child other than yourself.)</i>					
Parent/Guardian Signature: _____					
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: _____	