



Fall 2020

Mon-Thursday; 2:30pm-4pm

Registration Form

Kindergarten – 5th grade

(One form per Child)

2000 S. Locust St. Las Cruces, NM 88001 – office@uumc-lc.org

Child's Name _____

Child's age _____ Child's DOB _____

Street Address _____

City _____ State _____ Zip _____

Father/Primary Guardian: _____

Occupation: _____

Home telephone () _____ Cell phone () _____

E-mail _____

Mother/Guardian: _____

Occupation: _____

Home telephone () _____ Cell phone () _____

E-mail _____

Special Needs? _____

Allergies/Medical Conditions _____

Current medications _____

Other children in the family (Name & Age) _____

Programs available *(please check all that you are interested in enrolling in)*

- Monday - After School in the Garden (K-5th grade)
- Tuesday - Tutoring (K-5th Grade)
- Tuesday - Non-Contact Co-ed Basketball (3rd – 5th Grades only)
- Wednesday - Friendsday (K-5th grade; Crafts, games, & fun activities)
- Wednesday - Robotics (5th Grade only)
- Thursday - Drums Alive (K-5th drumming & creative movement)

If space becomes limited, which day is your preferred day? *(Mark only one)*

- Monday - After School in the Garden (K-5th grade)
- Tuesday - Tutoring (K-5th Grade)
- Tuesday - Non-Contact Co-ed Basketball (3rd – 5th Grades only)
- Wednesday - Friendsday (K-5th grade; Crafts, games, & fun activities)
- Wednesday - Robotics (5th Grade only)
- Thursday - Drums Alive (K-5th drumming & creative movement)

Participation Agreement

Parent/Guardian: _____

Child's Name : _____

I have read and/or understand the following: (initial by each)

___ That UUMC is a christian environment that is Christ centered and reflects the Christian faith.

___ That my child will participate in a Christian/character building message at then end of every day during "Club Time"

___ That I must pick up and drop off my child on time, or designate someone else to do so, unless there is an emergency.

___ That I cannot bring my child to After School Programs if they are displaying symptoms as outlined in the UUMC Health & Safety Guidelines and that I will be asked to pick my child up immediately if they develop any of these symptoms during the course of the day.

___ That my insurance or myself is responsible for any accident or injury to my child that is in need of medical attention while at UUMC.

Student Emergency Information

May we contact either parent/guardian if a need arises? Yes No

Are both parents/ guardian listed authorized to pick up the child? Yes No

If no, please explain _____

Authorized individuals for child pick-up

In the event a parent/guardian cannot be reached, I authorize the following individuals to be contacted to pick up my child. ONLY the people listed on this form will be allowed to pick up your child. A photo ID may be required. A minimum of TWO contacts that must be Las Cruces residents, is required.

Emergency Contact #1 (*Name, Relationship, Phone Number*)

Emergency Contact #2 (*Name, Relationship, Phone Number*)

Allowable Medical treatments (UUMC staff cannot administer medication without written consent) – *Check each one that applies:*

- Hand Sanitizer
- Sunscreen
- Other: _____
- Other: _____

Preferred Hospital:

- Memorial Medical Center 575-522-8641
- Mountain View Medical Center 575-556-7600

Permission Form & Liability Release

My child has my permission to participate in the After School Program at University United Methodist Church located at 2000 S. Locust St. Las Cruces, NM.

I, for myself and my child, release and discharge University United Methodist Church and all Church Representatives, including Trustees, Employees, Agents, and Volunteers from any and all claims, demands and actions of any nature, which arise out of or related to my child's participation in the After School Program.

I agree that I will hold University United Methodist Church, their Trustees, Employees, Agents, and Volunteers, harmless from any and all liability. In the event that my child suffers an illness or accident requiring medical attention while at the After School Program sponsored by University United Methodist Church, I hereby give permission for staff and volunteers to seek professional medical help. Nothing in this section shall be construed to impose liability on any

employee who, in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care. I realize that every effort will be made to contact me and the person I have listed as Emergency contact. I will not hold University United Methodist Church, their Trustees, Employees, Agents, or Volunteers associated with this program responsible in the event of accident, loss, or death.

Photo Release

Child's Name _____

- I give permission for my child, to be photographed for the purposes of promoting students/programs at UUMC in various media. Names of students will not be revealed.
- I do not give permission for my child to be photographed for any reason

Parent Signature: _____ Date: _____