



The BETHLEHEM CENTER
 (United Methodist Neighborhood Centers, Inc.)
 200 W. 38th Street • Chattanooga, TN 37410
 (423) 266-1384 ext. 20 • Fax: (423) 756-3557
 Web Site: www.thebeth.org



Program Participation Registration & Agreement – 2010- 2011

STUDENT INFORMATION					NEW or RETURNING	
PARTICIPANT'S NAME:			DATE OF BIRTH:	AGE:	SEX : ___ MALE ___ FEMALE	TODAY'S DATE:
SCHOOL GRADE SEPT. 2009	NAME OF SCHOOL ATTENDING:			(HOMEROOM) TEACHER'S NAME:		
HOME STREET ADDRESS:			CITY:	STATE:	ZIP:	
ADULT WITH WHOM STUDENT LIVES:	RELATIONSHIP TO STUDENT:	HOME PHONE:		WORK PHONE:	CELL PHONE:	
IF RETURNING, WHEN DID STUDENT LAST PARTICIPATE IN A PROGRAM AT THE BETHLEHEM LITERACY ACADEMY? AFTER SCHOOL ___(YEAR) SUMMER ___(YEAR)						
What is student T-shirt size? Youth: S M L XL Adult: S M L XL XXL (Please Circle One)						

PARENT/GUARDIAN INFORMATION					
MOTHER (OR FEMALE GUARDIAN)			FATHER (OR MALE GUARDIAN)		
NAME:			NAME:		
MARITAL STATUS: ___ MARRIED ___ SINGLE ___ DIVORCED ___ WIDOWED			MARITAL STATUS: ___ MARRIED ___ SINGLE ___ DIVORCED ___ WIDOWED		
SPOUSE'S NAME:			SPOUSE'S NAME:		
PLEASE COMPLETE <u>IF NOT LISTED ABOVE</u>			PLEASE COMPLETE <u>IF NOT LISTED ABOVE</u>		
STREET ADDRESS:			STREET ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:		HOME PHONE:	WORK PHONE:	
CELL PHONE:	OTHER PHONE:		CELL PHONE:	OTHER PHONE:	
E-MAIL			E-MAIL		
RELATIONSHIP TO STUDENT IF NOT MOTHER			RELATIONSHIP TO STUDENT IF NOT FATHER		

EMERGENCY CONTACT INFORMATION IF PARENT/GUARDIAN NOT AVAILABLE	
NAME:	NAME:
RELATIONSHIP TO STUDENT:	RELATIONSHIP TO STUDENT:
CONTACT NUMBERS	CONTACT NUMBERS

THE BETHLEHEM CENTER DOES NOT DISCRIMINATE BASED ON RACE, COLOR, RELIGION, GENDER, DISABILITY OR NATIONAL ORIGIN.

SPECIAL STUDENT INFORMATION

ARE THERE ANY SPECIAL CIRCUMSTANCES OR CONDITIONS ABOUT YOUR FAMILY OR YOUR CHILD THAT THE STAFF OF THE BETHLEHEM CENTER NEEDS TO KNOW? PLEASE DESCRIBE IN DETAIL (IF THERE ARE ANY COURT ORDERS OR OTHER OFFICIAL DIRECTIVES REGARDING THIS PARTICIPANT THAT ARE RELEVANT TO THE BETHLEHEM CENTER PLEASE LIST THEM.):

PLEASE CHECK ALL THAT APPLY FOR THIS STUDENT: IMMUNIZATIONS ARE UP-TO-DATE ___ RECURRING EAR INFECTIONS ___
 HEARING PROBLEM ___ EYE PROBLEM ___ WEARS GLASSES FOR READING ___ /DISTANCE ___ RECEIVES SPECIAL EDUCATION SERVICES ___
 ATTENTION PROBLEM ___ SUSPENDED WITHIN LAST TWO YEARS ___ HELD BACK IN SCHOOL ___ /LIST GRADES _____

DATE OF LAST PHYSICAL: _____
 KNOWN ILLNESSES, ALLERGIES OR LIMITATIONS? NO ___ YES ___
 IF YES, PLEASE DESCRIBE:

IS PARTICIPANT TAKING ANY MEDICATION? NO ___ YES ___
 IF YES, LIST NAMES AND DOSAGES:

SPECIAL INFORMATION NEEDED FOR FUNDING

IN ORDER TO PROVIDE PROGRAMMING AT LOW OR NO COST TO PARTICIPANTS, THE BETHLEHEM CENTER MUST SEEK FUNDING FROM A VARIETY OF SOURCES. THE INFORMATION ON THIS PAGE IS INFORMATION REQUIRED FOR GRANTS AND/OR FOR OTHER FUNDING SOURCES. COST FOR PARTICIPATION IN THIS PROGRAM, WITHOUT FUNDING, WOULD BE OVER \$1,500. HOWEVER, IF YOU PROVIDE ALL NEEDED INFORMATION, YOU WILL ONLY BE CHARGED A SMALL REGISTRATION FEE. THE INFORMATION IS COLLECTED FOR STATISTICALLY PURPOSES ONLY. THE BETHLEHEM CENTER DOES NOT IDENTIFY ANY FAMILY OR PERSON BY NAME WHEN PROVIDING THE INFORMATION. THE BETHLEHEM CENTER RESPECTS THE PRIVACY OF OUR PARTICIPANTS AND ALL PERSONAL AND FAMILY INFORMATION AND DOES NOT USE IT FOR ANY OTHER PURPOSE..

How many people reside in the Participant's household? Please list	RELATIONSHIP TO STUDENT	MALE/FEMALE	AGE
1.	STUDENT		
2.			
3.			
4.			
5.			
6.			
7.			
8.			

TOTAL ADULTS IN HOUSEHOLD:	TOTAL MINORS IN HOUSEHOLD:	TYPE OF HOUSING: HOUSE ___ APARTMENT ___ OTHER _____	DO YOU : RENT ___ OWN ___
----------------------------	----------------------------	---	------------------------------

MOTHER/FEMALE GUARDIAN SOCIAL SECURITY NUMBER: ____ - ____ - _____	FATHER/MALE GUARDIAN SOCIAL SECURITY NUMBER: ____ - ____ - _____	STUDENT SOCIAL SECURITY NUMBER: ____ - ____ - _____
---	---	---

WHAT IS THE TOTAL ANNUAL INCOME OF THE PARTICIPANT'S HOUSEHOLD? (This is the total of all income, of all people residing in the household, from all sources.)	CHECK ONE	ANNUAL HOUSEHOLD INCOME RANGE	
			Below \$4,999
			\$5,000 - \$7,499
			\$7,500 - \$9,999
			\$10,000 - \$14,999
			\$15,000 - \$19,999
			\$20,000 - \$29,000
		\$30,000 and over	

RELEASE FROM THE PROGRAM

_____ has my permission to leave the Bethlehem Literacy Academy Program in the following manner:

a. _____ be picked up by the following people:

Name of Parent, Guardian, Relative, Friend (Circle One)

Name of Parent, Guardian, Relative, Friend (Circle One)

Name of Parent, Guardian, Relative, Friend (Circle One)

Name of Parent, Guardian, Relative, Friend (Circle One)

b. _____ walk home at the end of the program

c. _____ ride home with Bethlehem Center staff in the event of unforeseen difficulties

*****Restrictions:** The following people are not permitted to pick up _____:

Student's Name

Name and Relationship to Student

Name and Relationship to Student

Signature of Parent/Legal Guardian

Date

SCHOOL COMMUNICATION PERMISSION

I give permission for the Bethlehem Literacy Academy Staff to contact my child's teacher(s) for the purpose of obtaining information that will enable the Bethlehem Center to meet my child's educational needs.

School Name _____ Teacher's Name _____

Signature of Parent/Legal Guardian

Date

Permission slip for South Chattanooga Library and Ben Miller Park – Ball field

_____ has my permission to walk to the South Chattanooga Library
(Name of student)
and the Ben Miller Park ball field during planned outings that are chaperoned by Bethlehem Literacy Academy staff.

Signature of Parent/Legal Guardian

Date

HOW DID YOU HEAR ABOUT THE BETHLEHEM CENTER? (CHECK ALL THAT APPLY)

PRIOR PARTICIPATION _____	SOMEONE TOLD ME _____	FLYER/BROCHURE _____	NEWSPAPER/RADIO/MEDIA _____
SCHOOL INFORMATION _____	POSTER _____	OTHER _____	



200 W 38th Street
P. O. Box 2156
Chattanooga, TN 37409

Phone 423/266-1384 ext. 20
Fax 423/756-3557

To Principals, Teachers, and Counselors:

The ***Bethlehem Literacy Academy – After School*** is a program to help 1st – 8th grade students with homework and reading skills. We want to partner with schools and parents to reinforce and expand the academic skills of the students we serve. We use report cards as one means of measuring students' academic progress and our program's effectiveness. If you would like more information about our programs, please feel free to call me directly or contact me by email. Thank you for your cooperation.

David E. Meredith, Coordinator of Education Programs
dmeredith@thebeth.org

REQUEST FOR STUDENT REPORT CARD

DATE: _____

SEND TO: Director of Education Programs
The Bethlehem Center
PO Box 2156
Chattanooga, TN 37409-0156

The following student is enrolled at _____.
Name of School

Student Name _____ Grade _____

Birth Date _____ SS# _____

I request that a copy of my child's report cards be provided to the Bethlehem Center **each reporting period** of this academic year, 2008 – 2009.

Parent Signature

Date