



**The BETHLEHEM CENTER**  
 (United Methodist Neighborhood Centers, Inc.)  
 200 W. 38<sup>th</sup> Street • Chattanooga, TN 37410  
 Phone: (423) 266-1384 • Fax: (423) 756-3557  
 www.thebeth.org



**Read to Lead Academy  
 Afterschool Program 2017-2018 Application**

**Registration Date:** \_\_\_\_\_ **Circle one**    New student    Returning student

**Child's Information**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ Race: \_\_\_\_\_

Student cell phone # (if applicable): \_\_\_\_\_ Grade (Fall 2017): \_\_\_\_\_

School (Fall 2017): \_\_\_\_\_

**Responsible Party and Family Information**

Name of person legally responsible for child: \_\_\_\_\_

Relationship to child: Mother    Father    Grandparent    Aunt/Uncle    Foster    Other

Primary phone #: \_\_\_\_\_ home cell work other: \_\_\_\_\_

Secondary phone #: \_\_\_\_\_ home cell work other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Marital status: Married    Separated    Divorced    Widowed    Single

Child's Legal Guardian(s): Both parents    Mother    Father    Other

Child's Living Arrangements: Both parents    Mother    Father    Other

List any siblings applying for the program: \_\_\_\_\_

List name and ages of all household members, including yourself:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_

5. Name: \_\_\_\_\_ Age: \_\_\_\_\_

6. Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Authorized Persons Information

List the people authorized to pick up your child.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

List any people who are NOT authorized to pick up your child.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

My child will be picked up at CDESA daily.      Yes      No

My child will be using the following transportation home... (Circle only one)

Beth transportation

Authorized adult will pick-up

Walk

## Emergency Information

List the people to call if you cannot be reached in the event of an emergency.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child's Health History

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

The answers to the following questions will help us know if your child has any medical problems. We need this information in case he/she becomes ill and we are unable to reach you immediately. Please circle the appropriate answer and provide details at the bottom.

### Pregnancy and birth:

1. Yes No Were there any problems with pregnancy or your child's birth?
2. Yes No Was his/her birth weight under 5 pounds?
3. Yes No Did the baby have any problems in the hospital?

### Medical Problems:

4. Yes No Has your child ever been in the hospital overnight?
5. Yes No Is your child taking any medications? If yes, please list medications below.
6. Yes No Any reactions or allergies to medicine, immunizations, or insects?
7. Yes No Does your child have food allergies?
8. Yes No Has your child had asthma or wheezing?
9. Yes No Does your child have speech or hearing problems?
10. Yes No Has your child had more than two ear infections in a year?
11. Yes No Has your child had tonsillitis?
12. Yes No Does your child have vision problems?
13. Yes No Does your child have a history of seizures?
14. Yes No Does your child have tubes in his/her ears?

### General Development:

15. Yes No Does your child get along with other children?
16. Yes No Is he/she usually happy?
17. Yes No Does your child have any special needs not indicated above?
18. Yes No Is your child able to play as hard as other children?
19. Yes No Does your child receive Special Education services in school?

Details for any "yes" answer above.

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## Participation Agreement

Please read carefully and sign below. Please initial beside each number.

	1. This registration form is correct to the best of my knowledge and the child registered has permission to engage in all prescribed activities, except those noted by me.
	2. I understand that the Bethlehem Center does not provide health insurance for my child. I am responsible for my own coverage.
	3. I understand that my child will only be released to people listed in the registration packet as authorized to pick up the child.
	4. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff will not release the child, and may have no recourse except to contact the police.
	5. I consent to the use of my child's likeness in photographs, film, or videotape for use in editorial, illustration, or promotional purposes, including social media.
	6. I give my permission to the Bethlehem Center to transport my child to and from learning expeditions.
	7. I understand that I must notify the Bethlehem Center staff if my child's regular transportation plans change at any point.
	8. I understand it is my responsibility to keep my child's records current to reflect any significant changes as they occur (i.e. telephone numbers, emergency contacts, health status, etc.)
	9. I understand that payment is expected prior to service. Weekly fees are due every Monday.
	10. I understand that by enrolling my child in the Bethlehem Center program I have committed to the program for the program term and that I am charged regardless of my child's participation.
	11. I understand that personal electronic devices are allowed during the afterschool program. However, these devices are to be used for educational purposes only unless approved by staff.
	12. I consent to my child participating in written and verbal research activities conducted by the University of Tennessee at Chattanooga with the express purpose of improving the program for my child and other students.
	13. I acknowledge and agree, both for myself and for the above named minor child, that the Bethlehem Center is furnishing valuable services and facilities to the Participant through participation in Center programs. In consideration of access to such services and facilities and for other good and valuable consideration, I release, remise, acquit and forever discharge the Bethlehem Center, and United Methodist Neighborhood Centers, Inc. and its directors, officers, employees, agents, representatives and their respective successors, heirs and assigns (collectively, the "Released Parties") from, and to indemnify the Released Parties against, any and all actions, causes of action, suits, debts, controversies, judgments, claims, demands, liabilities, rights, damages, injuries, (both personal and property), costs, charges, losses and expenses (including, without limitation, reasonable attorneys' fees) (collectively, "Injuries") arising out of, by reason of, or related to (a) such Participant's participation in activities or presence at the Bethlehem Center by such Participant or his or her guests, invitees or family members, (b) participation in any Bethlehem Center sponsored activity other than at the Bethlehem Center by such Participant or his or her guests, invitees or family members, and (c) any act or omission of the Bethlehem Center or any other Released Party, excluding actions resulting from gross negligence of the Bethlehem Center or other Released Party and specifically including any derivative claims by a person's heirs or personal representatives

Signature: \_\_\_\_\_ Date: \_\_\_\_\_