



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



**Read to Lead Academy
 Summer Program 2019 Application**

Child(ren) Information

Name: _____ Birthdate: _____ Race: _____ Male Female

Name: _____ Birthdate: _____ Race: _____ Male Female

Name: _____ Birthdate: _____ Race: _____ Male Female

Name: _____ Birthdate: _____ Race: _____ Male Female

School(s): _____

Address: _____

Responsible Party and Family Information

Name of person legally responsible for children: _____

Relationship to children: 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

Legal Guardian(s): Both parents Mother Father Other

Living Arrangements: Both parents Mother Father Other

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

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

4. 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 using Bethlehem Center transportation... (Circle only one)

From home to the Center daily

From the Center to home daily

Both

Neither

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: _____

How did you hear about this program? (please circle only one)

TV Flyer The Beth website Social media Other: _____