



REVERB

REVERB Afterschool Registration Form, 2017-2018

Thursday afterschool program until 5:30 at the Galveston United Methodist Church

For anyone in grades 6, 7, and 8

Start Date: Thursday, September 28, 2017

Students Name (First, Last): _____

Age: ____ Grade: ____ Date of Birth: _____ M or F: ____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____

Preferred E-Mail Address: _____

Father's Name: _____ Mother's Name: _____

Child Lives with Both Parents: yes ____ no ____

If No, Child Lives with: Mother: _____ Father: _____

Other: _____ (_____)

Emergency Contacts (with Contact Information)

1 _____

2 _____

(Continued on Back of Sheet)

Medical Information

Does your child have any allergies or other medical needs that the directors need to know?

Transportation

*Students need to make arrangements to ride the bus to Galveston. The drop off point will be Galveston Elementary School.**

Other adult who **MAY** pick-up your child: _____

Adults who **MAY NOT** pick-up your child: _____

Does your child need transportation home: yes _____ no _____
(We are happy to provide a ride home for your child. The church van will bring your child home.)

**Please note that the Lewis Cass Corporation is not responsible for your child once he/she gets off the bus.*

Permissions

Do we have your permission to use your child's image in media produced by Galveston United Methodist? yes _____ no _____

Do we have permission to take your child on field trips (you will be notified in advance)? yes _____ no _____

May we contact your child through the following social media?

Facebook: yes _____ no _____

e-mail: yes _____ no _____

text: yes _____ no _____

Remind: yes _____ no _____

Parent Signature: _____

