

**FLC After-School 2023-24**  
**Tuesdays & Thursdays 4:30 – 6 pm**  
**(Bus Rides Available @ 4 pm)**

**STUDENT REGISTRATION FORM**

**PARTICIPANT INFORMATION**

Please type or print legibly.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Gender:**  Female  Male  Other **Age** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_

**Parent/Guardian name #1:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Parent/Guardian name #2:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Emergency contact\*:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**CHILD HEALTH CONCERNS**

**Is your child on any medication? Yes No If so, please specify:** \_\_\_\_\_

**Student Allergies** \_\_\_\_\_

**Student Medical Problems** \_\_\_\_\_

Does your Child Have Extra Support at School? If so What? \_\_\_\_\_

**Take Home Food:** Once a week we provide a take home bag with one meal worth of food and several snacks (including dairy and nuts).

**I want my child to receive a Take Home Food Bag? YES NO**

**AFTER SCHOOL CONTACT INFORMATION**

**After School Contact Information**

For more information, contact  
Nathan Roberts, Director of Community Engagement  
Cell: 763 – 350 - 1630  
Office: 763 – 788 - 9653  
Email: [nathanr@flcch.org](mailto:nathanr@flcch.org)

## BEHAVIOR CONTRACT

### Rules for After School to be read with your child:

What are the rules for preventing the spread of COVID-19?

- Children must wear a mask whenever they are at After School (they may remove them to eat).
- Children must have their temperature taken when they arrive.
- Do not send children who are sick or have a fever.
- We will only eat outside. When it is too cold we will send food home with students.

What are the rules for the church building?

- Please hang up your coat on the racks when you enter.
- No running.
- Open doors carefully.
- No shouting or yelling in hallways.
- No using the elevator.
- No using the wheelchairs.
- Please keep the bathrooms, hallways and all areas clean and pick up any trash.
- We are not responsible for your electronics or valuables (phone, iPad, etc.) Please leave them at home. If you do bring them, please do not leave them unattended.

What are the rules for the after-school program?

- No bullying or mean talk about other kids.
- No name calling or racial slurs.
- No swearing.
- No fighting.
- Listen to the adults. Respond in a calm, respectful voice.
- The adult in the room has the final say.
- If asked to leave, you need to call your parents for a ride or walk home (middle school or older). You may also wait in the take-a-break chairs in the lobby if you are calm.

Where can I make a call?

- You can ask at check-in if you need to make a call. There is a phone in the lobby.
- Phone calls limited to 3 minutes.

Consequences:

- If you break these rules, you will receive one warning and a 5 minute time out.
- If you keep breaking the rule, your parent will be called and they will need to pick you up.
- If your parent cannot pick you up, you will sit out the remainder of the program and go home on the bus.
- If you are fighting or being dangerous, you will be sent home immediately with no warning.
- If you are sent home, a parent or guardian will need to meet with an After School staff before you can return.

**I READ THIS WITH MY CHILD**

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNATURE OF STUDENT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**AFTER SCHOOL RELEASES** Please type or print legibly.

**EMERGENCY MEDICAL RELEASE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child as they may deem advisable.

Parent/Legal guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

---

**MEDIA RELEASE SIGNATURE:**

**FLC After School**, has my permission to use my photograph publically to promote the program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Legal guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARENT STATEMENT**

I hereby state that my child is in good mental and physical health condition to participate in the activities provided by **FLC After School Program**.

I understand that **FLC After School**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of After School, etc.) or becomes involved in any activity or with any persons not associated with **FLC After School** or its scheduled program and that **FLC After School** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent/Legal guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**WAIVER OF LIABILITY – COVID19**

I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.

Knowing the potential risks associated with COVID-19, I hereby willingly choose to allow my child(ren) to participate in Activities at FLCCH.

FLCCH has a COVID policy that your child(ren) will be expected to follow.

Parent/Legal guardian Signature \_\_\_\_\_

Date \_\_\_\_\_