



REGISTRATION FORM

(one per child)

Child's Name: _____

Child's gender: _____

Child's age: _____ Date of Birth _____

Current School Grade: _____

Name of parent(s) / Guardian (Circle one): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: () _____ Home email address: _____

Parent cell phone: () _____ Name: _____

Alternate contact/caregiver: _____ Phone: () _____.

EMERGENCY Contact : _____ Phone: () _____.

Early drop off person: _____ Phone: () _____.

Early pick-up person: _____ Phone: () _____.

+ + + **MEDICAL** + + +

Allergies or other medical conditions: _____

In case of emergency, contact: _____ Phone: () _____.

+ + + **PHOTO CONSENT/RELEASE** + + +

I () DO () DO NOT (please check one) consent to have my child photographed during Prime Time after-school care. I understand that these images will only be used to promote Prime Time and may be posted on social media and/or the Union Baptist Church Prime Time page.

Parent or Legal Guardian's Signature and Date: _____

Completed and signed registration slips are to be given to the child's St Johnsbury school teacher or directly to Roberta McKinney.

Contact information: Roberta McKinney at rmckinney@ubcstj.org or Seth Powers at spowers@ubcstj.org