



Welcome Friends!

We are so happy to have you and your student(s) become a part of Trinity's Wednesday after-school program! We look forward to serving you and your student(s), and we are very excited about this school year! Since this is a free service we are providing, we would like you to take a couple of things in to consideration.

First, we will be serving healthy snacks to the students each week. If you would be willing to donate any item(s) for the snack, it would be greatly appreciated! Please let me know if you are willing and able, and I will get you on the schedule! The items will be small and no great expense. For example, every couple of months you may be asked to provide a gallon of milk, a box of granola bars, or some juice. We appreciate your help and your donations!

Second, in order to run our art program, we are asking for donations of art supplies! As you are doing your back-to-school shopping, if you would consider picking up an extra item, it would be greatly appreciated! Here is a list of supplies: washable markers, crayons, colored pencils, washable glue, washable poster paint, white and colored paper, play dough, Legos. You may also give a monetary donation so we may buy other select items. Occasionally I will send a list home of what we need, if you should feel moved to continue giving.

This is a wonderful new program for Trinity, and we hope you share in our joy and excitement! The afterschool program runs from 2 p.m. until 4 p.m., but our fellowship doesn't end there! We invite you to join us on Wednesday evenings from at 6:30- 8:00 for youth groups, choir, adult conversation and childcare for children in preschool and younger whose parents are involved in Wednesday night programs at Trinity.

If you should have any questions, don't hesitate to call me at 352-2590 (church office) or (319)483-8968 (cell).

Blessings!

Kristin Ruyle
Director of Discipleship

Rules and Policies:

For your information, we expect each student to conform to these rules of conduct

- *No possession or use of alcohol, drugs, or tobacco
- *No fighting, weapons, fireworks, lighters, or explosives
- *No offensive or immodest clothing
- *No boys in girls' bathrooms and no girls in boys' bathrooms
- *Participation with the group is expected
- *Respect property
- *Respect one another, staff, and adult leaders
- *Respect and comply with event schedules

Parent/ Guardian Expectations:

- *Pick student(s) up promptly at 4:00 p.m.
- *Communicate via phone if your student(s) will be absent from the program.
- *Enforce policies set forth for the students by Trinity UMC.
- *Parents must physically enter the church and come retrieve student(s) from his or her classroom. Students will only be dismissed directly to a waiting parent/guardian.
- *Your student(s) will not be allowed to leave early, unless permission is given directly to Kristin Ruyle, via the parent/ guardian.
- *Your student(s) will NOT be released to anyone who is not listed on the sheet stating "My child may be released to".

Notice:

If school is cancelled for the day due to inclement weather or any other unforeseen circumstance, there will be no after school program. If school is released early due to weather or unforeseen circumstances, there will be no after school program. There is no after school program during holidays or school vacation times. There will be no after school program the Wednesday before Thanksgiving. If there are any questions, please call Kristin Ruyle in the church office at 319-352-2590.

I have read and reviewed the rules and policies of the Trinity United Methodist after school program. I have reviewed the rules with my student(s) as well. We understand and agree to abide by the policies set forth.

Parent Name (please print)

date

Parent Signature

Student name (please print)

Today's date _____

Personal Information

Student name _____ Phone _____

Male Female E-mail address _____

Address _____ City _____ State _____ Zip _____

Birthday _____ School _____ Grade level _____

Family information

Father's name _____ Stepfather's name _____

Mother's name _____ Stepmother's name _____

With whom do you live? _____

Parent's phone _____ Parent's email address _____

Siblings:

Name _____ Age/grade _____

Name _____ Age/grade _____

Name _____ Age/grade _____

Name _____ Age/grade _____

Interests check all that apply

Sports Basketball Baseball Football Soccer Volleyball Hockey

Swimming Tennis Golf Gymnastics Wrestling

Water-skiing Dance Track/Cross Country

Skiing/snowboarding Other _____

Music Likes to sing! Instruments _____

Hobbies Drama Computer Reading Other _____

Student name

Last _____ First _____ Middle _____
Preferred name / nickname _____ Birthday _____
School _____ Graduation year _____ Male Female

Student address

Street address _____ City _____ State _____ Zip _____
Alternate address _____ City _____ State _____ Zip _____
Home phone _____ Personal / cell phone _____
Email _____
Emergency contact (parent or guardian) _____ Phone _____
Emergency contact (non-parent or guardian) _____ Phone _____

Secondary guardian

Last _____ First _____	Last _____ First _____
Relationship _____	Relationship _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
Pager / beeper _____ Cell _____	Pager / beeper _____ Cell _____
E mail _____	Email _____
Employer _____ Phone _____	Employer _____ Phone _____

School activities (list)

Small groups (list)

Sports / hobbies (list)

Parent Questionnaire:

Would you like your child to have homework help? Y N

Would you like your child to have a reading buddy? (4-6 grades only) Y N

Do you have any questions or areas of concern?

My child will be at the after school program the full time: Y N

If no, when would you like your child to be released?: _____

Is your child allowed to walk home from the after school program? Y N

Would you be willing to help provide snack items on occasion, or make a donation to the snack fund? (milk, juice, fruit, crackers, etc. You will be notified what to bring and when.)? Y N

My child may be released to:

Name:

Relationship:

Number:

My Child MAY NOT be released to:

Name:

I understand that by signing below, I am giving permission to Trinity United Methodist Church to serve my child a healthy snack and hold them free of any liability should an allergic reaction occur. I understand my children will be taking part in physical activity, and I release Trinity UMC from any responsibility should an accident or injury occur. I understand Trinity UMC will be providing Christian education to my child, and will allow my child to partake in said educational activities, as well as prayer. I allow Trinity to use pictures of my child participating in church activities for church publications, and I understand my child's name and age will NOT be printed.

Parent signature

date

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' bathrooms and no girls in boys' bathrooms
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT
sponsored by Trinity United Methodist Church (hereinafter the "Church") from August 1, 2011 to August 1, 2012.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

