

Solid Rock After School Program

Norwood United
Methodist Church

315 Chester Pike
Norwood, PA 19074
(610) 532-0982

• Registration Information

Child's full name: _____

Sex: M _____ F _____

Nickname (if any): _____

DOB: _____/_____/_____

Home Address: _____

Home Phone: (____) ____-_____

Mother/Guardian: _____

Email: _____

Cell Phone: (____) ____-_____

Employer: _____

Work Phone: (____) ____-_____

Father/Guardian: _____

Email: _____

Cell Phone: (____) ____-_____

Employer: _____

Work Phone: (____) ____-_____

Your Church Affiliation: _____

Where did you hear about us?

Friend Newspaper Flyer Other

Registration Fee (\$40) Paid On: _____/_____/_____

I understand that a Bible lesson is included as part of the Solid Rock After School Program.

Parent/Guardian Signature: _____

• Medical Information

Special Needs/Concerns: _____

Child's Physician: _____

Local Emergency Hospital Preference: _____

Emergency Contacts:

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Phone: (____) ____-_____

Phone: (____) ____-_____

In case of an emergency, I give permission for my child _____
to be treated/transported to a local hospital.

Parent/Guardian Signature: _____

- **Dismissal Information**

My child _____ may go home with:

Name/Address/Phone:

Relationship:

1. _____

1. _____

2. _____

(____) ____-____

2. _____

3. _____

(____) ____-____

3. _____

4. _____

(____) ____-____

4. _____

My child _____ has my permission to walk home after the Solid Rock After School Program (5:30pm).

Parent/Guardian Signature: _____

- **Attendance Information**

Week 1- Jan 21 _____

Week 6- Feb 26 _____

Week 2- Jan 28 _____

Week 7- March 4 _____

Week 3- Feb 5 _____

Week 8- March 11 _____

Week 4- Feb 12 _____

Week 9- March 18 _____

Week 5- Feb 19 _____

Week 10- March 25 _____