

# Wonderful Wednesdays

Wonderful Wednesdays will start on September 14th!

This is a program for elementary school children.

We will pick up kids from school.

The program will include a snack/homework, bible lesson/craft or service project, God's Kids practice and more.

Pick up will be at 5:00 p.m. from the 3<sup>rd</sup> – 5<sup>th</sup> grade Sunday School Room.

**Registration forms need to be returned by September 7<sup>th</sup> to attend on the 14<sup>th</sup>.**

You may register at any time during the year but a registration form must be filled out a week before the child's first Wednesday in order to have proper transportation. Right now we can pick up from any Waynesboro Public Elementary Schools or Hugh K. Cassell. Parents would be responsible for the transportation of children from other schools.

## Main Street Kids Wonderful Wednesdays Registration 2016-17

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parents/ Guardian Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

School \_\_\_\_\_

Those authorized to pick up my child are  
(Must list first/last name & relationship to child)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Medical and Emergency Treatment Information:

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Known Allergies \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

Medical Conditions/Disabilities/Chronic or Recurrent Diseases

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Medication given on a regular basis \_\_\_\_\_

In case of an emergency and if parents cannot be reached please designate individuals to be contacted:

Names, Address, and Phone:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name of Doctors Office and phone:

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Health Plan Carrier:

Name Of Insured:

Relationship To Policyholder:

Policyholder/Insurance Id:

## Authorization for Emergency Treatment

I hereby release Main Street United Methodist Church staff to render temporary first aid to my child in the event of injury or illness, and if deemed necessary by Main Street Staff to call our doctor and to seek medical help, including transportation by Main Street Staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for the said child should Main Street Staff deem this to be necessary. I further agree to be solely responsible for any expenses that may be incurred resulting in such action.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## School Transportation Release

I, (parent's name) \_\_\_\_\_, give the Main Street staff or designated and insured volunteer permission to pick up (child's name) \_\_\_\_\_ from school for Wonderful Wednesdays when the parent/guardian has sent proper information to the school.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Transportation Information:

1. Please add Amanda Hesbach, Dawn Lemasney, Sarah Brown, and Rajitha Brewer to the list of adults allowed to pick up your child. We will inform you of the person picking up your child once you register. That person should be the same each week, but please add the additional names in case of an emergency. We will do our best to inform you of a change in pickup person at least a week in advance unless a last minute emergency happens. Thank you for your understanding!
2. You are responsible for informing the school that your child is being picked up. If you do not inform the school we cannot pick them up.
3. You MUST inform us if your child is not going to be attending Wonderful Wednesdays. We will assume that they are attending each week unless notified. We have to follow strict Child Protection Laws and must know who we are picking up ahead of time. Please contact Amanda at 434-953-5549 at any time.

## Field Trip Permission and Photo Release

I, (parent's name) \_\_\_\_\_, give the Main St. staff permission to take (child's name) \_\_\_\_\_ on all outings as a participating child of Main Street's Wonderful Wednesdays. I understand that I will be informed of upcoming field trips at least a week prior to the outing. I further give my consent for my child to be transported by a Main Street Staff member or designated volunteer to such destinations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I also understand that my child may be in photos taken during Wonderful Wednesday Activities. I release the use of these photos for Children's Ministry use (including advertising and social media).

Signed \_\_\_\_\_ Date \_\_\_\_\_

