

# 2010 AFTER SCHOOL KIDS (ASK) CLUB

Thursdays 3:40 – 5:30 pm

January 14, 2010 – April 1, 2010

**A Free Fun After-School program with Music, Games, Crafts, Snacks and a Bible Lesson**

ALL children who are in Kindergarten through 5<sup>th</sup> grade from Walnut Elementary are invited to join us at Village Chapel each Thursday from 3:40 – 5:30pm. We are located at 30 Circleville Avenue in Ashville (where Main Street dead-ends into Circleville Ave.) If school is cancelled, there will be no After School Kids Club. A signed registration form is required for children to participate in the program (see below).

## TRANSPORTATION

- Getting to ASK Club: If you are able to bring your child to ASK Club, please do so. Transportation from Walnut Elementary is available for a limited number of children.
- Parent Pick-up: Parents will need to pick up their child at our church at 5:30pm each Thursday. Parents will be required to come inside the building and sign out their child each week. **Children will only be released to the people you designate below.** If you live in Mann's, Lockbourne Lodge, or Meadowbrook, transportation can be arranged. Please contact the church office at 740-983-4675 and leave a message for ASK Director, Kim Smith, to arrange transportation.

Please complete and sign the form below and **return to Mr. Schiff, Principal at Walnut Elementary.**

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## ASK Club Registration Form

My child has my permission to attend the After School Kids (ASK) Club program held at Village Chapel Church. I understand I am responsible for arranging transportation to and from Village Chapel for this activity.

### PLEASE CHECK ONE:

- I will provide transportation for my child to and from ASK Club
- I would like for my child to participate in ASK Club, but cannot provide transportation to ASK Club. Please Contact me at this number (\_\_\_\_) \_\_\_\_\_ so other arrangements can be made.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ Phone \_\_\_\_\_

Food Allergies \_\_\_\_\_ Other Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Person(s) permitted to take my child home: \_\_\_\_\_

My child has permission to receive medical treatment as necessary. I hereby release and agree to hold harmless from liability Village Chapel United Methodist Church, participating volunteers, and its pastors from any use of this information. I hereby certify that the information I have provided is true and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_