

## 2012 AFTER SCHOOL KIDS (ASK) CLUB

**Thursdays 3:50 - 5:30 pm**  
**January 19, 2012 – April 5, 2012**

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

ALL Children who are in Kindergarten through 5<sup>th</sup> grade from Ashville Elementary are invited to join us at Village Chapel each Thursday from 3:50 – 5:30 pm. 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.** Please provide a valid email address which may be used to notify you of pertinent ASK Club information. 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 Ashville Elementary is available on a limited basis. If you request transportation, you will receive confirmation if your child is able to be transported by Village Chapel.
- **Parent Pick-up:** Parents will need to pick up their child(ren) at our church at 5:30 pm 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.**

Please complete and sign the form below and **return to Mr. Wilcoxon, principal at Ashville Elementary.**

*2011 ASK Club Registration Form*

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

TEACHER: \_\_\_\_\_

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 transport my child to Village Chapel church if transportation is available.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

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 \_\_\_\_\_