

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 5th grade from South Bloomfield 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 South Bloomfield 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. Lautenschleger, principal at South Bloomfield Elementary.**

2012 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 _____