



Afterschool Program 20\_\_-20\_\_  
Registration Form

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Student Agreement

### Introduction

Bethel Mission Inc. is a faith based, non-profit 501(c)3 that exists to support and empower youth and families in the Putnam community. We promote job security, food security, school preparedness, health and safety for members of the community struggling with poverty. We strive to strengthen the sense of community and share the love of Jesus.

### Parent Section

- I agree not to hold Bethel, its staff, students, volunteers, or board responsible for any accident or injury that may occur inside Bethel Community Center, on its property, or elsewhere in the case of a field trip.
- I acknowledge that my student will be picked up at the time the program ends each day, and I will inform Bethel staff or volunteers if I will be late due to unforeseen circumstances.
- I understand that my student may be released to only those contacts listed on the registration paperwork.
- I will inform Bethel staff or volunteers of any behavior or health issues my student has which may affect their time at the center.
- I will inform Bethel staff or volunteers of any allergies my student has.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Section

- I will be respectful to Bethel staff and volunteers.
- I will keep my hands to myself and treat other students with respect.
- I will clean up after myself and put away items where they belong.
- I will try my best when doing homework and will ask for help when I need it.
- I will put away my electronics until staff and volunteers say it's okay to use them.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo/Video Release

There are various requirements Bethel must follow in regards to grant money we receive. Many times, students will be photographed or videoed for use on printed materials, our website, Facebook page, etc.

By signing below, I agree to allow Bethel staff to take and use photos of my student for programming purposes.

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Surveillance Cameras

Bethel has surveillance cameras both inside and outside of our center. These cameras cover all areas other than bathrooms.

These cameras serve to protect our students, staff and volunteers in the case of an accident, injury, or accusation of any kind.

By signing below, I understand that my student will be recorded, and footage may be obtained in the occurrence of any incident.

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In the event of injury or illness, I give consent for my child to be treated with first aid, medicine, CPR, or by medical staff when deemed necessary by Bethel staff.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## Pre Survey

*This survey is an important tool to measure our program effectiveness and to provide feedback so we can improve where needed and better serve your family.*

**Why did you choose to enroll your child into the After-School Program?**

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**Please check the boxes below to answer the survey questions.**

	NEVER	SOMETIMES	ALWAYS
Does your child struggle with homework?			
Do you feel your child needs more one on one with homework?			
Is your child confident with school?			
Do you spend much needed family time together?			
Does your child respect others?			
Does your child work well as a team?			
Do you have concern about your child and school?			
Does your child struggle with behavior?			

**What are your child's strongest subject and weakest subject?**

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**Additional comments or concerns**

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**Thank You**