

Hartley After School Mission Registration

Form Shores United Methodist Church

724 Shores Blvd., St. Augustine, FL 32086

Child's name _____ Birthdate _____ Grade 2025-2026 _____

Parent's/Guardians names _____

Address _____ City _____ State _____

Home phone _____ Cell phone _____ Cell phone _____

***Indicate best number to reach you

Email address _____

Emergency contact & number _____

Special needs: allergies or physical/medical needs _____

Additional person(s) permitted to pick up my child:

_____ relation _____ Phone # _____

_____ relation _____ Phone # _____

***Is there anyone who is prohibited from picking up your child?

Photo Permission for Children

_____ I give my permission for still or video pictures of my child to be used for promotional purposes (church website & Facebook page). Names will not be used.

_____ I do not give my permission for still or video pictures of my child to be used for promotional purposes (church website & Facebook page).

Parent Signature _____

Parental Consent and Medical Authorization for Treatment of a Minor Child

Shores United Methodist Church

As the parent (or legal guardian of _____ (child's name), I

Understand that my child could be participating in a number of activities which carry with them a certain degree of risk. These activities are sports and play related which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's activities:

_____ I represent that my child is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child has restrictions on the following particular activities: _____

Medical Treatment Authorization

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my child. If the Church cannot reach me, then I authorize and I give my consent to the doctor or health-care professional, to provide the medical services he or she may deem necessary.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities.

Signature of Parent or Guardian _____

Date _____

Hartley After School Mission Permission
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I, _____, give my permission for my child,
_____, to be picked up from Hartley Elementary School
by the teachers of the After School Mission and walked back to Shores United
Methodist Church. This will begin on September 3, 2025 and will continue each
Wednesday in the 2025-2026 school year.

Parent Signature

Date Signed