



Fee Policy 2019-2020

Child's Name _____

Parent's Name _____ Phone _____

Email: _____ @ _____

***Registration payment must be enclosed in order to hold your child's position.**

Enrollment Fee: \$50.00 Check # _____ Cash _____ Credit Card

These are the current prices:

- _____ 1 or 2 Days a week - \$60.00 a month (**Space Limited**)
- _____ 3 or more days a week - \$75.00 Church Members
- _____ 3 or more days a week - \$85.00 Non - Members

I hereby agree to make payments of \$_____ per month beginning August 2019 through May 2020 for services provided by First United Methodist Church - Lufkin. I understand this payment is based on _____ days of service.

Payment must be paid by the 1st of the month. If payment is not received, it will be considered late on the 10th of the month and a \$5.00 late fee will be assessed. All payments must be current by the 15th. If this is not possible, your child may return as soon as your payment is current. A child may not drop in and out of the program.

If a child is dropped, the child may only re-enroll if a place is available. If your student is not picked up 5:30pm you will be charged \$1.00 per minute. **The person or persons who enroll the child are responsible for payment.**

If I choose to take my child out of this program, I understand that I will need to have a written notice turned in to the Christian Life Center Office two weeks prior to my child's last day. If this does not happen, I understand that I will be charged for the following month's tuition.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

CROSS COURT AFTERSCHOOL PROGRAM for 2019-2020

STUDENT NAME _____ GRADE (circle) 6th 7th 8th

AGE _____ DATE OF BIRTH _____ CHURCH HOME _____

PARENT/GUARDIAN NAMES _____

ADDRESS _____

PHONE # _____ CELL# _____ WORK # _____

EMAIL _____

HEALTH CONDITIONS (please list) _____

ALLERGIES OR MEDICATIONS: _____

FAMILY PHYSICIAN _____ PHONE _____

HOSPITAL PREFERENCE _____ PHONE _____

NOTIFY IN EMERGENCY _____ RELATION _____

Phone number you can be reached during the Cross Court Program _____

RELEASE / PERMISSION CLAUSE:

I agree to assume any and all liability and hold First United Methodist Church - Lufkin, its trustees, employees, and agents harmless from all claims or actions which I or my family ever had, now have, or may have in the future or any liability for injuries or damages which occur to my family or me as a result of our or my participation in activities at First United Methodist Church - Lufkin. I expressly waive all claims for medical expenses, loss of services, or other claims to which I may otherwise be entitled, and I agree to indemnify and hold harmless First United Methodist Church - Lufkin, its trustees, employees, and agents from all claims against it or them on behalf of myself or family. I agree to indemnify and hold harmless First United Methodist Church - Lufkin, its trustees, employees, and agents from all claims made by third parties against it or them which result from me or my families' actions while participating at First United Methodist Church - Lufkin.

I understand that the First United Methodist Church - Lufkin, its trustees, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas law.

Furthermore, in the event of an accident if the said staff or representatives or staff is unable to contact the parent(s) or guardian(s), I hereby grant permission to said staff or representatives to administer necessary first aid, and/or to take applicant to the nearest medical facility for additional treatment.

I accept all equipment for use as is, with all defects, and I will inspect any equipment used and if accepted, I agree that it is in good repair. I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

SIGNATURE OF STUDENT _____ DATE OF APPLICATION ____/____/____

SIGNATURE OF PARENT OR GUARDIAN _____

VALERIE SALAIZ
DIRECTOR OF CHRISTIAN RECREATION
vsalaiz@lufkinfirst.com

Please return this form with:
Signed copy of Behavior Guidelines _____
Registration Fee _____
Check # _____ Date _____
Staff Initials _____

CROSS COURT AFTERSCHOOL PROGRAM GUIDELINES

This program is operated as a ministry of First United Methodist Church - Lufkin. We expect appropriate behavior at all times. The following guidelines are to be met by all enrolled in the program. Each parent is asked to read and discuss the following guidelines with your child/children, sign the bottom of this page and return it with the registration packet.

Respect: All students will be respectful of the staff and the other students in the program.

Sign In and Out: It is the responsibility of each student upon arrival to sign in at time of arrival and sign out when departing.

Name Tags: A name tag will be issued to each child to wear while on campus. It is their responsibility to keep up with their name tag. Lost name tags will be replaced at a fee of **\$5.00**.

Equipment is available to all students. This includes balls in the gym, skates, and video games. Abuse of these items or use of items to threaten others will result in a behavioral note sent home and loss of privileges the following day. Students may use their own video games, if they are approved by staff upon arrival. Inappropriate games involving violence, language etc. will not be allowed.

Cell Phones are allowed and may be used to call parents or guardians. No inappropriate music or videos will be allowed. Failure to comply will result in having the device taken up until time to leave. If you need to contact your child, the direct line to the Christian Life Center is 936-639-3461.

We are NOT responsible for personal items that have been damaged or lost. NO skateboards or other riding devices will be allowed in or around the Christian Life Center building.

Children will adhere to the Lufkin Middle School dress code. We will not allow inappropriate items or illegal activity while on campus.

Snacks will be provided and are considered part of the program fees.

Students are expected to properly dispose all trash, food and drinks.

Payment Policy Monthly statements will be emailed, and full payments are expected by the 10th of each month. **We require two weeks' notice if you decide to take your child out of the program. Failure to give notice will result in the following month's tuition. If your student is not picked up by 5:30 PM there will be a late charge of \$1.00 per minute.**

I agree the First United Methodist Church - Lufkin, its trustees, employees, and agents harmless from all claims or actions, injuries or damages which may occur to my child as a result of his/her participation in the Cross Court Program. These guidelines are set as the minimum standard. Full compliance with these guidelines is expected. Failure to comply with them will be met with consequences, up to and including termination of privileges or suspension from the program. Each instance will be handled based on the individual and the severity of the action. These guidelines will be monitored by the staff and adhered to by all students while in the care of First United Methodist - Lufkin Church Christian Life Center staff. Periodic communications will be sent home as warranted for parents to reinforce compliance. My student and I agree to adhere to the Cross Court Program Guidelines contained in this handout. If I have any concerns, I will bring them to the attention of Claudine Kindred, Director of Christian Recreation.

Students Signature _____

Date _____

Parents Signature _____

Date _____

First United Methodist Church
Children's & Student Ministry Participation Permission and Health Information Form

STUDENT INFORMATION:

Student's Name: _____
(Last Name) (First Name) (Middle Initial)

Date of Birth: _____ Current Grade _____ School: _____

YOUTH ONLY Cell Phone (____) _____ E-Mail: _____

MEDICAL INFORMATION:

Doctor's Name: _____ Phone: _____

Allergies: _____

Significant Illnesses, Health Conditions or Special Needs:

Listed are medication(s) my child will routinely take with the supervision of an adult (attach list if necessary):

Medication: _____ Dosage/Frequency: _____

Medication: _____ Dosage/Frequency: _____

Over the counter meds my child **cannot** have: _____

******* ATTACH COPY OF INSURANCE CARD FRONT AND BACK *******

Parent/Guardian 1:

Name: _____
(Last Name) (First Name)

Home Address: _____
(Street) (City) (Zip)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone (____) _____

E-Mail: _____

Parent/Guardian 2:

Name: _____
(Last Name) (First Name)

Home Address: _____
(Street) (City) (Zip)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone (____) _____

E-Mail: _____

Alternate / Emergency Contact: _____
(Name, Relationship to Student & Phone)

CONSENT TO TREAT: I hereby give my permission to the physician selected by the First United Methodist Church trip coordinator or adult in charge to order X-rays, routine tests and provide treatment for the health of myself, my spouse, and/or my child, hospitalize, secure proper treatment for and to order injection(s) and/or anesthesia and/or surgery for myself, my spouse, and/or my child as named above in the event that the emergency contact cannot be reached.

Adult/Parent/Guardian Initials _____

PHOTOGRAPH RELEASE: By signing below, I hereby grant permission for photographs, video and audio recordings of me, my spouse, and/or my child while he or she participates in the activities associated with First United Methodist Church, and I agree that FUMC shall own all rights, copyrights, and derivative works. I give my irrevocable and perpetual consent to FUMC to use, distribute and publish the photographs, videos and audio recordings of myself, my spouse, and/or my child for internal and promotional purposes, including posting at the church, broadcasting as audio programs, displaying as slide show or video presentations, inclusion in printed materials, and inclusion in online publication, presentations, and social media sites, such as Facebook, Twitter, and YouTube.

Adult/Parent/Guardian Initials _____

TRANSPORTATION RELEASE: By signing below, I authorize transportation for myself, my spouse, and/or my child by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, necessary for the benefit/safety/well-being of myself, my spouse, and/or my child.

Adult/Parent/Guardian Initials _____

CUSTODY DISPUTE INFORMATION: I will provide the director or person in charge of a ministry or event with any special information regarding a possible child custody dispute where particular attention to who picks up my child is necessary.

Adult/Parent/Guardian Initials _____

HOLD HARMLESS AGREEMENT: By signing below, I, knowing that First United Methodist Church has general liability coverage, but that no accident policy is being carried out for this program, do assume all risks and hazards incidental to the conduct of its activities; and do further indemnify and hold harmless the First United Methodist Church, the organizers, sponsors, volunteers, drivers and workers associated church sponsored events and activities. In case of injury to myself, my spouse, and/or my child, I hereby waive all claims against First United Methodist Church, the organizers, sponsors, volunteers, drivers and workers associated with church sponsored events and activities.

Adult/Parent/Guardian Initials _____

Parent / Guardian Signature

Date