

# ZUM Kids Wednesday Afterschool Program

Grades K-5

1:30-5:00

Please fill out the following information as completely as possible. All information will be used by our caring staff and volunteers to know how to best care for the individual needs of your child.

**Thank you for your assistance and understanding.**

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

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

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_  
(W) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_  
\_\_\_\_\_

Brother(s)/Sister(s) Names:

\_\_\_\_\_

Known Allergies/Medical Conditions (please describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

People Authorized to pick up my child are:

\_\_\_\_\_  
\_\_\_\_\_

## General Information:

Child's Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ **Would you like for your child to receive transportation from school to ZUMC?** \_\_\_\_\_ yes \_\_\_\_\_ no

*(If you checked yes, please make sure to fill out the transportation permission form)*

Special Abilities/Hobbies:

\_\_\_\_\_  
\_\_\_\_\_

## Transportation Permission Form

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

Child's School and Address \_\_\_\_\_

\_\_\_\_\_

Time of pick-up \_\_\_\_\_

(Please note that there will be several schools on our list of pick-ups and we will make our best attempt to pick up your child in a timely manner.)

If your child has a pick-up # for his/her school, please list it here: \_\_\_\_\_

Dates of pick-up (no ZUM Kids on WCPSS traditional calendar early release days):

|                |               |               |               |               |
|----------------|---------------|---------------|---------------|---------------|
| _____ Sept. 9  | _____ Oct. 28 | _____ Jan. 6  | _____ Feb. 17 | _____ Apr. 14 |
| _____ Sept. 16 | _____ Nov. 4  | _____ Jan. 13 | _____ Feb. 24 | _____ Apr. 24 |
| _____ Sept. 30 | _____ Nov. 18 | _____ Jan. 20 | _____ Mar. 3  | _____ May 5   |
| _____ Oct. 7   | _____ Dec. 9  | _____ Jan. 27 | _____ Mar. 17 | _____ May 12  |
| _____ Oct. 14  | _____ Dec. 16 | _____ Feb. 10 | _____ Mar. 24 | _____ May 19  |
|                |               |               | _____ Apr. 7  | _____ May 26  |

\*Please call the church office (269-9408) or email Randi Kennemur ([choirdirector@zumchurch.org](mailto:choirdirector@zumchurch.org)) if dates change.

### Parent/Guardian Permission:

Parent/Guardian's Name: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_  
(W) \_\_\_\_\_  
(Cell) \_\_\_\_\_

I give permission for my child to be picked up from his/her school on the dates listed above. I understand that my child must maintain appropriate behavior on the church van (staying in his/her seat, following the instructions from the driver or volunteer, etc.) I also understand that if my child acts inappropriately on the church van he/she may be asked to discontinue his/her transportation to the ZUM Kids program.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_