



The Connection is a program offered during the school year for kids K-6th grade. The children enjoy engaging Bible lessons along with crafts, games and music.

We meet on Wednesday's after school. With the parents permission and signed registration form, our vans and volunteers will pick up your child from his/her Searcy Public School and bring to the church for The Connection. They will be given a snack and enjoy an afternoon of fun!

For more information contact our Children's Minister, Catherine Vest, at 501-268-5896.



The Connection
Registration 2017-18 School Year
Kindergarten – 6th grade.
Wednesdays After School

Name of Child _____ M/F _____

Date of Birth _____ Grade _____ T-shirt size _____

ALLERGY/HEALTH:

Does your child have any food allergies or health challenges we need to know about?

FAMILY INFORMATION:

Address _____

City _____ State _____

Mother's Name _____

Home address if different from above _____

Cell # _____ Email _____

Father's Name _____

Home Address if different from above _____

Cell # _____ Email _____

Emergency Contact Name _____

Relation to Child _____ Phone # _____

TRANSPORTATION: School Pick Up? YES NO

School Name _____ I give my child permission to be transported on First United Methodist Vehicles.

Signature _____ Date _____

Registration Fee—\$25 each or \$40 for 2 kids Per semester (includes t-shirt, snack, & supplies for the semester)

MEDIA RELEASE:

___ I give permission for my child's photo/video to be released onto marketing materials including website, newsletters, circular, or any other written or electronic medium by SFUMC.

___ I do NOT give permission for my child's photo/video to be released.

MEDICAL RELEASE

To: Any military, government, public or private hospital and doctor.

RE: _____
(name of child)

I, hereby, authorize the performance of any medical or surgical procedure, under local or general anesthesia which may be advised by the attending physicians of my child while a patient of any U.S. hospital. Furthermore, I request the use of any of the hospital's services or facilities which may be regarded as necessary or beneficial in the performance of the said procedure.

Let this be your authority to treat and admit my child, until I am able to arrive at your hospital and formally sign the necessary papers. It is understood that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered.

My child is allergic to: _____

Medical Conditions _____

Please list any other medical condition or matter you would like to share that would allow us to better serve, and minister to, your child. (ADHD, Autism Spectrum Disorder, etc.)

Drugs currently being taken: _____

When: _____

Family Physician: _____

Insurance Carrier name: _____

Policy#: _____

Parent Signature: _____