Winter & Spring 2024 Dates
Jan. 3,10,17,24,31
Feb. 7,14,21,28
March 6,20,27
(no session March 13)
April 3,10,17,24

Wednesdays 3:30-5:15 pm
No session if school is cancelled

Winter/Spring 2024 Registration Form

Birthday

Child's Name: __________________Grade in 2023/24 school year: _________ ________

Child's Name: __________________Grade in 2023/24 school year: _________ ________

Child's Name: __________________Grade in 2023/24 school year: _________ ________

Child's Name: __________________Grade in 2023/24 school year: _________ ________

Parent/Guardian contact information: Name(s): _________________________________

Address: ____

Home Phone: ___________________ Cell Phone: ___________________________

E-mail: _______________ ______________________ ________________________
Any special information we need to know about your child/children (allergies,extra support needed):

Treasure Seekers will end at 5:15pm. The following people have permission to pick up my children besides myself: (Please provide name & contact info.)

____

I give permission for my child to be walked or driven from Lakeview to Solon UMC by a church volunteer (background checks are completed for ALL volunteers)

____ Date__________________

I give permission for my child/children to be photographed or videotaped during the program:
Yes (signature)____________________________ Date _______ No___________

$20 fee for one child/$35 for two children in one family/$45 max for one family/scholarships available
Make checks out to: Solon UMC, and mail this form to: Solon UMC, 122 N West St., Solon, IA 52333

Thank you! Rev. Peggy Garrigues pastorpeggy@soloniaumc.org or cell (319) 855-7911

Solon United Methodist Church
Solon, Iowa

SAFE SANCTUARIES FOR YOUTH

Medical Information and Treatment Release Form
Form H

Name of child/youth: ____

Age/Birth Date: ____

Name of Parent/Guardian: ____

Emergency Contact Information: ____

____

Previous Illness or Injury that may affect child's participation: ______________________________

____

Current Medications that may affect child's participation: ______________________________

____

Allergies: ____

____

The undersigned parent(s)/guardian authorized the Solon United Methodist Church to secure medical/dental treatment for ______________________________ in the event of any illness or accident for which
Name of child/youth
responsible adults of first aid personnel feel professional medical attention is required. I/We hereby give permission to the administration of any and all necessary medical/dental treatment by a licensed physician or dentist in his/her office or at a hospital.

Last date of tetanus booster: ____

Family Doctor: ____

Contact Information: ____

Family Dentist: ____

Contact Information: ____

Hospital Preference: ____

____ ______________________

Parent(s)/Guardian Signature ***Date***

If your child was registered for Fall 2023, and there are no changes, you don't need to fill this form out again.

If registering more than one child, please copy this side and fill out one Medical Information form for each child