



REALLY OUTRAGEOUS CHRISTIAN KIDS
A MINISTRY OF THE ZIONSVILLE UNITED METHODIST CHURCH

ROCK is a Christian program serving all families by meeting their physical, emotional and spiritual needs.

**Before and After school Care
2017-2018**

Child's name _____ DOB _____

Grade for School year 2017-2018 _____ M / F T-shirt Size _____ Child's Age: _____

Address _____ City: _____ Zip _____

Home Phone: _____ Mother's Bus/Cell: _____

Parent's Home Phone: (if different) _____ Father's Bus/Cell Phone _____

Mother's Name: _____ Father's Name: _____

Parents Address: (if different) _____ City: _____ Zip _____

School Attending: _____

Parent's Email address: _____

See Back for fee schedule

AM ROCK (6:45am-9am) Check days desired

Monday AM _____
 Tuesday AM _____
 Wednesday AM _____
 Thursday AM _____
 Friday AM _____

PM ROCK (2:30pm – 6pm)

Monday PM _____
 Tuesday PM _____
 Wednesday PM _____
 Thursday PM _____
 Friday PM _____

Your child's Start Date: _____
 Zionsville CSC starts 8/8/17
 Children's Learning Prog Starts 8/14/17

Emergency contact: _____ Phone _____ Relation _____

Helpful information:
 (Medications, allergies, fears, any known health problems, recent major changes, etc.) _____

_____ (Initial) I acknowledge that I will need to provide an updated copy of my child's most recent **Immunization Records** by my child's first day, you or your doctor may fax over a copy to 317-873-2937. Needed for state records

Persons having permission to pick my child up from ROCK: (We do I.D.) _____

Our current church affiliation is with _____

P.O. BOX 547
 Zionsville, IN 46077
 (317-733-4081)
 Fax (317 873-2937)



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REGISTRATION CONDITIONS AND FEES

I desire to register my child (name) _____ going into grade _____ during the 2017-2018 school year for the ROCK Program and hereby accept the agreement as follows:

Registration fees are \$100 per child.

Before School care

After School Care

<u># of days Registered for</u>	<u>Tuition due Each Installment</u>	<u># of Days Registered for</u>	<u>Tuition due Each Installment</u>
1	\$40.00	1	\$48.00
2	\$80.00	2	\$96.00
3	\$120.00	3	\$144.00
4	\$144.00	4	\$176.00
5	\$160.00	5	\$190.00

Full time morning and afternoon fees are \$330 per month.

Your registration fee as well as your August 2017 tuition installment is due at the time of registration and is non-refundable!

I understand that I am making 10 equal tuition installments due on the 1st of each month, August through May (August paid at registration). Checks are to be made payable to ROCK & put in the "Black Payment Box". **A late fee of \$25.00 will be imposed for any payment received after the 15th of the month.**

Media Consent: I understand that Photographs/video may be taken at ROCK that could include my child. I give ZUMC/ROCK permission to use these photographs/videos in publications as well as advertisements. If you have any concerns please contact Kathy Gibson.

I also understand that no refund will be made for non-attendance. (See Handbook)

In signing, I am stating that I agree with the conditions of registration and can review a copy of the ROCK Handbook online at rockzumc.org/forms.html.

ADULT: _____
 Signature (Parent or Legal Guardian) Printed Name Date

*****OFFICE USE ONLY*****

ACS _____ FILE _____ MAIL BOX _____ SIGN IN _____ SIGN OUT _____ EXCEL _____

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PARENT'S NOTICE

State Form 49444 (R / 1-09) / BCC 0035

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility

Address of facility (*number and street, city, state, and ZIP code*)

County



HISTORY OF IMMUNIZATIONS

State Form 49445 (R3 / 10-08) / BCC 0036

HISTORY OF IMMUNIZATIONS (Indicate month and year)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
* Rotavirus (RGE)			

	1	2	
Varicella (Varivax)			

or Chicken Pox Disease

Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
* HEPA		

	1	2	3
HBV (HEP B)			

* Not required but highly recommended.

Name of physician / nurse practitioner completing form (please print)	Telephone number ()
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Signature of physician / nurse practitioner

Name of child	Date of birth (month, day, year)	Age
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Name of child care facility	County
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ADDITIONAL NOTES AND INSTRUCTIONS



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**WAIVER, RELEASE OF LIABILITY, AND CONSENT TO
MEDICAL ATTENTION**

ZIONSVILLE UNITED METHODIST CHURCH

9644 Whitestown Rd., Zionsville, IN 46077

317-873-2623 Fax 317-873-2937

LAST NAME: _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ EMERGENCY PHONE _____

EVENT: transportation to Zwest, Eagle, PVE, Union, Boone Meadow and Stonegate.

DATE: August 8, 2017 thru May 24, 2018

In exchange for my being allowed to participate in events sponsored by Zionsville United Methodist Church (herein referred to as "ZUMC"), I and, if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. Obligation to Inspect Facilities and Equipment. I agree that prior to participating in the event, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the supervisor of the event and ZUMC of such unsafe condition(s) and refuse to participate in the event.
2. Identification of Risks. I understand the participation in the event may involve risk of serious injury, including permanent disability and death, and other losses, both to persons and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the event, or the condition of the premises or of any equipment used.
3. Assumption of Risk. I assume all risks, known and unknown, in any way connected with my participation in the event. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the event.
4. Waiver and Release. I waive, release, and hold harmless ZUMC and its directors, officers, sponsors, employees, volunteers, agents, successors, and assigns from all claims for any liability, injury, loss or damage in any way connected with my participation in the event, **whether or not caused in whole or part by the negligence or other misconduct of ZUMC or any of the persons mentioned above.** I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who might pursue any legal action or claim for such liability, injury, loss or damage.

(over)



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Furthermore, in consideration of my child's participation in the event set forth above, I hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** ZUMC from any and all claims, demands, rights of actions or liabilities of whatsoever nature that any person had, now has, may have or might in the future have against ZUMC, including but not limited to, any and all claims, demands, rights of actions or liabilities based upon any NEGLIGENCE on the part of ZUMC based upon, arising out of, or in any manner connected with my child's participation in the event identified above.

5. Consent to Medical Treatment. I agree that ZUMC may provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon ZUMC to provide such assistance, transportation, or services.

6. Media consent. I understand that pictures of the event which may include my child/children will be available for use in church publications.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.

CHILD/YOUTH:

Signature Printed Name Date

If the person participating in the event is not yet eighteen (18) years of age, a parent or legal guardian must sign below in addition to the child's signature above.

ADULT: _____
Signature (Parent or Legal Guardian) Printed Name Date

MEDICAL INFORMATION

Medical Insurance Provider: _____ Phone _____

Policy Number : _____

Medical Pre-Certification Procedure (if applicable):

Special Medical Information Concerning Patient: (allergies, medications, conditions, etc.)

