

REGISTRATION FOR
C O D A

Centenary United Methodist Church

Fall 2009

Child's Name _____

Birth date _____

Home Address _____

Name of School _____

Name of Teacher _____ Grade _____

Parent or Guardian Names:

Mother's Name _____

Phone (home) _____ (work) _____ (cell) _____

E-mail address _____

Father's Name _____

Phone (home) _____ (work) _____ (cell) _____

E-mail address _____

Emergency Number (if needed) _____

Church Affiliation? _____ If Yes, where? _____

1. **Medical Authorization**

If professional medical care is required, I can be contacted at the phone numbers listed on this form. Centenary Church will not administer any medication but will call a parent to come pick up child if he/she becomes ill. 911 will handle true emergencies.

Please list any physical, mental or emotional conditions of which adults working with your child should be aware. **(Please include any allergies, current treatment, or medications).**

2. **Transportation from School**

If my child is on the list to be picked up from school and he/she will not attend that day, I will **CALL the Centenary church office no later than 10:00am at 334-2869. A child absent three times without notification will be withdrawn from the transportation list.**

3. **Transportation Home**

I will be responsible for my own child's transportation home. These persons are also given permission to pick up my child.

No child will be allowed to leave church unless a designated adult comes into the building and signs them out.
I will pick up my child promptly at 5:15pm.

4. **Disciplinary**

Children are expected to maintain reasonable behavior during "CODA." If my child is determined to be dangerous to him/herself or to others, I will be called and asked to take my child home. If the problem persists, Centenary will conference with the parents on the best course of action, with possible withdrawal from program.

Agreement

The information on this form is accurate and I agree to the conditions asked of me.

(Print Name of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)

Forms will be updated each semester or when any of the information changes. A form must be on file for anyone to participate in "CODA".

There is a \$30.00 fee per child, per semester. Date Fee Paid _____

____ Yes, I would like for my child to ride the church bus from Alma Schrader Elementary to Centenary. I will be notified if there is not room on the bus for my child.

____ No, my child will not need transportation from their school to Centenary. I will transport my child.

____ Yes, I am willing to be a weekly volunteer driver and pick my child, and other children, and bring them to Centenary church – drivers are needed!!

____ Yes, I am willing to be a volunteer at CODA. I can help with:

____ snacks

____ games

____ I have a gift/talent that I would be willing to share with the kids.

CODA will begin on Tuesday, September 15, 2009.

Any questions? Please contact Penny DuPerier at pduperier@yahoo.com or 334-2869.

More information can be found on our website – www.mycentenary.org.

Please mail registration form to:

Penny DuPerier - CODA

Centenary Church

300 N. Ellis

Cape Girardeau, MO 63701