



# W.O.W Wednesdays Application

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents or Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mother's Work Phone # \_\_\_\_\_ Father's Work Phone#: \_\_\_\_\_

Mother's Cell# \_\_\_\_\_ Father's Cell Phone#: \_\_\_\_\_

**Person(s) authorized to pick up your child / Emergency Contacts:**

Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____

Does your child need transportation to W.O.W at Mt. Olivet UMC? \_\_\_\_\_

Is your child under medical care or taking any medication(s)?  Yes  No

If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?

- Bee Sting Allergy    Epi-pen  Yes  No     Other Allergies: \_\_\_\_\_
- Asthma                    Inhaler                     Yes  No     Special Needs / Disability: \_\_\_\_\_
- Diabetes                    Insulin                     Yes  No     Other: \_\_\_\_\_
- Vision / Hearing            Glasses  Yes  No

**\*\*FOOD ALLERGIES:** \_\_\_\_\_

Family Health Care:    Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance# \_\_\_\_\_

Does the W.O.W program have permission to use photos of your child in our newsletter or promotional materials? (There is no cost.)    Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does your child have a subject that they could use the help of a tutor during homework time? \_\_\_\_\_  
Which subject(s)? \_\_\_\_\_

Will your child be staying for dinner at the cost of \$3.00 per person?    Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Please read and sign below:**

I understand that the W.O.W Wednesdays After School Program sponsored by Mt. Olivet UMC is a **FREE** program. I give permission for \_\_\_\_\_ to participate in the activities for this program.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_