

Side Door Registration/Permission Form 2019-2020

Attendees! Please read over the following rules, check each box to indicate your acceptance, and then sign below.

While at Side Door I promise:

- To arrive and leave in a quiet and orderly manner**, to be respectful of the neighborhood, and to stay OFF the lawns;
- To sign in** each time I arrive, **sign out** each time I leave, and to **wear a name tag at all times** while on church property;
- To respect EVERYONE** at Side Door by using appropriate language, cleaning up after myself, and being helpful when asked;
- To respect church property** by not littering, taking care of the equipment, and reporting any accidental mishaps to a staff member or volunteer;
- To make sure my parents know where I am and that they also know I must leave church property by 5 pm;** and
- I understand that if I fail to follow these rules, I may be asked to leave, and my parents will be notified.**

Attendee's signature: _____

(student info)

Student Name _____ Preferred pronoun: he / she / they

School (BAMS, GF, REN, MKA, CO-OP, etc.) _____ Grade _____ Home Phone: _____

Home street address (please include apartment number): _____

_____0704_____

Student email and/or cell phone: _____

(to receive program updates and emergency schedule changes)

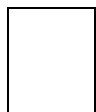
Parents and Students: please complete information on other side to complete registration.

Questions?: email sidedoor@unioncong.org or call Susan Johnson at 973 809-9581(c)

This form can be turned in at Side Door or mailed to
Union Congregational Church, 176 Cooper Ave., Montclair, NJ 07043.

DO NOT turn it in at school!

This form can also be completed online at sidedoormontclair.org



UNION CONGREGATIONAL CHURCH UNITED CHURCH OF CHRIST

Side Door Registration/Permission Form 2019-2020

The following information **MUST** be on file in order for your child to continue to attend Side Door:

(parent info + important permissions)

Parent **names:** _____ Parent **cell** and/or **work** phones _____

Parent **email** (for program communications) _____

Parent **address** (if different from student's) _____ 0704 _____

Emergency Contact: name _____ phone(s) _____

Are there any allergies, medications or medical conditions that The Side Door staff need to be aware of? _____

Do you give permission for Side Door staff and volunteers to seek medical attention—including but not limited to—hospitalization in an emergency when you cannot be reached? _____yes _____no

Do you give permission for photos of your child to be used in Side Door newsletters and publicity (print and online)? (No names will be used.) _____yes _____no

I understand Side Door closed at 5 pm and that my child must be picked up or leave to walk home **no later than 5:15 pm.**

Parent's Signature: _____ (permission to attend Side Door)

Parent donations: (PLEASE help!)

While the kids can attend Side Door for free, IT IS NOT FREE TO PROVIDE. Please consider making a donation of time, money or snacks/soda to help us keep the program open.

_____ **I will donate water, soda and/or snacks.**

_____ **I will volunteer _____ hours / month.**

_____ **I will donate snacks etc for one of Side Door's celebrations** (e.g., Halloween, Super Bowl).

_____ **I am enclosing a check for: \$_____** (made out to Union Congregational Church, with "Side Door" in the memo field). (Last year Side Door cost over \$20,000 to run and **we depend on parent donations to help support the program.**)

This form can be completed online at sidedoormontclair.org.