



The Way

MINISTRIES...JOHN 14:6



Saturday School Registration Form

Saturday school is an African and African-American cultural education and self-image program. Each Saturday during the session the students will enjoy dance, drama, art, Ibo language, storytelling, and other fun activities. At the end of each term there will be a closing performance so the students can shine and share what they have learned with others.

We meet on Saturday during each term from 2-5 pm. For more information please call (559) 233-8546.

Child's Name: _____	Date of Birth: _____	Age: _____
Child's Name: _____	Date of Birth: _____	Age: _____
Child's Name: _____	Date of Birth: _____	Age: _____
Parent's Name (s): _____		
Address: _____		
Telephone: (Home) _____		
(Cell) _____		
E-mail: _____		

Registration Fees (Sponsorship's Available)		
NO CHARGE FOR FAMILIES IN MLK SQUARE, BIGBY VILLA, OR WESTGATE		
Per Child:	One Session: \$5.00	Full Term: \$30.00
Family of 4 or more:	One Session \$20.00	Full Term: \$60.00
Sponsorship Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (No one will be denied service because of an inability to pay)

Payment Methods	
Cash, Check, or Money Order	
Please make checks payable to: THE WAY MINISTRIES....John 14:6	
Mail to: The Way Ministries...John 14:6, P.O. Box 6097, Fresno, CA 93703	

For office use only:		
Date: _____		
Amount Due:	Amount Paid:	
Resident?	Yes	No
Sponsorship Needed?	Yes	No
Paying in Installments?	Yes	No



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SATURDAY SCHOOL EMERGENCY INFORMATION

Child's Name: _____

Address: _____ Phone _____

Parent or Guardian: _____ Phone _____

Address: _____ Phone _____

In Case of an emergency contact:

Name: _____

Address: _____

Phone: _____

Relationship to Youth: _____

I give my permission for my child to participate in all activities of the school without holding the ministry or its agents responsible or liable for any injuries sustained during these activities.

I, furthermore, give my permission for the ministry or its agents to perform first aid and seek medical assistance as they deem appropriate in an emergency situation.

Signature: _____

Date: _____

DOCTOR: _____ PHONE _____

MEDICAL INSURANCE (Company): _____

MEDICAL CARD: YES NO

Your child has had, or has any of the following:

Chicken pox	_____	Severe Stomach Aches	_____
Measles	_____	Frequent Headaches	_____
German Measles	_____	Earaches/Infections	_____
Mumps	_____	Fainting Spells	_____
Rheumatic Fever	_____	Frequent Diarrhea	_____
Diabetes	_____	Hay Fever/Pollen Allergies	_____
Epilepsy	_____	Asthma	_____
Tuberculosis	_____	Recent Broken Bones	_____
Poison Oak/Ivy	_____	Wears Glasses/Hearing Aid	_____
Allergic to Medication	_____	Sinus Trouble	_____
Allergic to Foods	_____	Kidney Trouble	_____
Allergic to BEE STING	_____	Has had recent surgery	_____
Allergic to Insect Bite	_____	Tires easily/gets out breath	_____

Any conditions requiring medication or treatment YES NO _____

Is youth bringing medication to Saturday School YES NO _____

**MEDICATIONS MUST BE TURNED INTO THE HEALTH SUPERVISOR/
NURSE IN THE ORIGINAL CONTAINER WITH THE DOCTOR'S ORIGINAL
INSTRUCTIONS.**

Is your youth restricted from participating in any activities? YES NO _____

MEDICATION/TREATMENT

1. It is the parents/guardians' responsibility to tell the adult supervisor of any special medications your youth may need, along with providing the medication and instructions to the Saturday School staff.
Every attempt to notify the parent/guardian of **THE ABOVE NAMED YOUTH** in the case of accident, illness or any other emergency affecting **THE ABOVE NAMED YOUTH WILL BE MADE. NO CHILD MAY ATTEND THIS PROGRAM WITHOUT A SIGNED COMPLETION OF THIS FORM.**
2. As the parent/guardian of the **ABOVE NAMED YOUTH, I AUTHORIZE EMERGENCY MEDICAL TREATMENT IN THE CASE OF ACCIDENT, ILLNESS OR ANY OTHER EMERGENCY REQUIRING PROFESSIONAL CARE DURING SATURDAY SCHOOL ACTIVITIES.**
3. As the parent/guardian, I also **AUTHORIZE THE ABOVE NAMED YOUTH TO TAKE PART IN ANY AND ALL REGULARLY SCHEDULED TYPICAL SATURDAY SCHOOL ACTIVITIES.**

NAME OF PARENT/GUARDIAN

DATE

PHOTO RELEASE

As the parent/guardian of **THE ABOVE NAMED YOUTH**, I authorize the taking of pictures or video taping for educational and promotional purposes.

NAME OF PARENT/GUARDIAN

DATE