

KIDZ  
BEAT!

**Kidz BEAT!**  
Bridging Education and the Arts at Trinity!

Registration

Deadline

September 2, 2022

## The BEAT is Starting!

Registration is limited to 60 children and is on a first-come, first-serve basis.

Registration **DEADLINE** is September 2, 2022

FREE Transportation available from Avondale and Taft Elementary ONLY!

Kidz BEAT is held at Trinity United Church of Christ, located across the street from Avondale School, beginning September 14, 2022, and running through March 18, 2023, **two**, 10 (ten)-week sessions:

- Session 1—September 14 through November 16, 2022 and
- Session 2—January 11 through March 15, 2023.

This creative afterschool program focuses on the arts and will be held on Wednesdays from 4 to 6 p.m. Classes will include: choir, drama, piano, yoga, drumming, ukulele, visual arts and more. Classes are taught by local professional artists and certified teachers. Each child will take (3) three different classes.

A meal will be served at 4:00pm, classes begin at 4:30pm and end at 6:00pm.

**REGISTRATION FEE: \$50 per child**

*Open to children in grades 1-6.*

*Scholarships available upon request.*

Registrations need to be turned in to the school or church office with checks made payable to "Trinity United Church of Christ."



The BEAT begins  
September 14, 2022!

For more information,  
call 330-492-3383

# Trinity United Church of Christ

## Kidz BEAT Program

Grades 1-6

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Deposit Received: \_\_\_\_\_

## REGISTRATION FORM

Registration is limited to **60 children MAXIMUM** and is on a first come first serve basis.

**Registration Deadline: September 2, 2022 . REGISTRATION FEE: \$50 PER CHILD.** Scholarships available upon request. All registrations received after the registration deadline or maximum number reached, will be put on a wait list according to date received.

### Participation Permission

I \_\_\_\_\_ give permission for my child \_\_\_\_\_

(Parent/Guardian Name) \_\_\_\_\_ (Child's Name) \_\_\_\_\_

to participate in the Kidz BEAT afterschool program at Trinity United Church of Christ at 3909 Blackburn Rd. N.W., Canton, Ohio. Session 1 of this program will run **September 18 through March 18, 2020.**

Grade: 1 2 3 4 5 6      Age: \_\_\_\_\_      T-shirt size: **Youth:** S M L XL      **Adult:** S M L XL  
(Please circle grade.)      (Please circle size.)

### Transportation Permission

Please check one of the following:

- I give permission for my child to ride the Trinity UCC bus from Taft Elementary School to Kidz BEAT at Trinity United Church of Christ.
- I give permission for my child to ride the Trinity UCC bus from Avondale Elementary to Kidz BEAT at Trinity United Church of Christ.
- I will provide transportation for my child to Kidz BEAT.

**Media Release Permission:** There may be opportunities for Trinity United Church of Christ to have publicity photos of KidzBEAT activities appear in local newspapers, newsletters, or Trinity's website. We need your permission to have photographs taken of your child for the purpose of publicity for the Kidz BEAT program.

I **do** allow photographs of my child to be taken for publicity purposes only.

I **do not** allow photographs of my child to be taken for publicity purposes.

Parent/Guardian Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

# Kidz BEAT Emergency Information Form

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

(1) Parent/Guardian #1 Name: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Where can **you** be reached while your child is attending Kidz BEAT? Phone: (\_\_\_\_) \_\_\_\_\_

(2) Parent/Guardian #2 Name: \_\_\_\_\_

(3) Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Where can **you** be reached while your child is attending Kidz BEAT? Phone: (\_\_\_\_) \_\_\_\_\_

(4) Other Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Where can **you** be reached while your child is attending Kidz BEAT? Phone: (\_\_\_\_) \_\_\_\_\_

## Others Authorized to Pick Up

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Kidz BEAT Emergency MEDICAL Information

Does your child have food allergies?      \_\_\_ Yes                                      \_\_\_ No

If "yes" please list them/comments:

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Does your child take medications?      \_\_\_ Yes                                      \_\_\_ No

If "yes" please list/comments:

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Does your child have asthma?      \_\_\_ Yes                                      \_\_\_ No

Does your child have any other conditions not listed above?

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If your child becomes ill or has a medical emergency while at Kidz BEAT, please write what procedures you want the staff to follow in caring for your child.

In case of illness:

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In case of a medical emergency:

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_