BIG After School Program
at Simply Grace UMC
2026-2027



Wednesdays 3:00pm- 5:00pm
BES Students K-3
Starting September 16th

And following the school schedule through the year

For Additional Information or a Permission Slip see Ms. Jennifer Mattingly or email her directly at jenifermattingly@yahoo.com

Donations of Simple Crafts/Craft Supplies, Snacks & Drinks Would Be Greatly Appreciated and Welcomed!

Simply Grace UMC
61 Church St. Bloomsbury, NJ 08804

Permission of Release for BIG After School Program

Parents(s)/Guardian(s): _____

Home Address:_____

Phone Number(s): _____

I give permission for (children's names) _____ to be released to Simply Grace's BIG After School Program on Wednesdays for the 2026/2027 school year.

_____

Parent's Signature

Permission of Release for BIG After School Program

Parents(s)/Guardian(s): _____

Home Address:_____

Phone Number(s): _____

I give permission for (children's names) _____ to be released to Simply Grace's BIG After School Program on Wednesdays for the 2026/2027 school year.

_____

Parent's Signature

Please complete the following form in order for your child(ren) to participate in BIG for the 2026-2027 school year. Each family can complete one form, with each individual child's information completed as listed.

WE MUST HAVE A COMPLETED FORM BEFORE YOUR CHILD(REN) WILL BE ABLE TO PARTICIPATE

PLEASE be sure to hand in the attached permission form allowing your child to be released to Ms. Jen, Ms. Judy, Ms. Gloria, as well as email Ms. Lisa Hutchison with permission. lhutchison@bburyes.org

Family Information

Parents(s)/Guardian(s): _____

Home Address:_____

Phone Number(s): _____

Email:_____

Other Adults Permitted to Pick Up/Release Child to: _____

Emergency Contact:_____ Relationship:_____

Phone Number:_____

- *Medical Release: I hereby consent to have my son/daughter participate in activities at Simply Grace United Methodist Church. I also grant my permission for medical treatment and procedures that are deemed necessary or in case of emergency.*

Parent/Guardian:_____ Date: _____

- *Agreement Photo Release Agreement: I give consent that any and all photography/artwork/videotapes/electronic representations and/or sound recordings of my child may be used by Simply Grace UMC, including use on the church website as well as any and all Facebook pages.*

Parent/Guardian:_____ Date: _____

- *Playground Permission Form: I give permission for my child to go to the Bloomsbury Elementary School playground while they are at BIG.*

Parent/Guardian:_____ Date: _____

Child(ren)'s Information

Child's Name	Date of Birth	Allergies? Please list

Do any of the children listed above have any condition that would prevent them from participating in any activities in this program or is there any information that would help us to understand your child's needs?