## St. Matthews United Methodist Church Summer Enrichment Program

PROGRAM DATES: JUNE 12 THROUGH JULY 28 – (7 WEEKS)

FEES: \$60 PER WEEK - WITH ONE TIME APPLICATION FEE OF \$45

DEADLINE TO ENROLL - RETURN APPLICATION TO OFFICE BY JUNE 9

**STUDENT INFORMATION:** *PLEASE PRINT* 

Last Name		First Name				Middle Name Nickname			
			ı						
Birthdate:		Age:	Sex:	M	F	T-shirt Size:			
BROTHER	S and SISTERS	also Enr	olled in	the S	umme	r Enrichment Prog	ram:		
First Name				Last Name					
DADENTS	/GUARDIANS:								
	Guardian								
Last Name	First Na	ne l	Middle Nan	ne					
ADDRESS	Street Address				City		Zip Code		
Phone	Home Phone Work Phon				hone	Cell Phone			
Employer									
Email Address									
FATHER/	Guardian								
Last Name	First Na	ne l	Middle Nan	ne					
ADDRESS	Street Address				City	Zip Code			
Phone	Home Phone			Work P	hone		Cell Phone		
Employer									
Email Address									
For each ques	stion below, if more s	pace is need	ded, please	explain o	on a sepa	rate piece of paper and atta	ech it to this application.		
Is there a seg	paration, divorce	or custody	concern o	of which	our sta	aff should be aware?	_ NOYES		
Is any <u>perso</u>	n prohibited from	picking u	p the child	l by a co	ourt ord	<u>er</u> ? NO YI	ES		
						ourt order, we cannot lin Relationship to Child			

## PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM EMERGENCY CONTACT and PICK-UP AUTHORIZATION: Other than parents/guardians.

List the person(s) you authorize to pick up your child or that you authorize the staff to contact to pick up your child if neither parent/guardian on Page 1 can be reached due to late pick up, sickness or illness, medical emergency (after 911 is called) or other reasonable communication regarding your child.

Name	Relationship to Child	Work Phone	Home Phone	Cell Phone						
Child's Doctor:	Pref	ferred Hospital	I							
If none, write " $NO\overline{NE}$ " in space as	bove. If no.	ne, write <b>"NO PK</b>	EFERENCE" in	space above.						
- MEDICAL CONDITIONS: A	Ive there any medical conditions w	aganding your shild t	hat we should know a	pout? Plaga list:						
- MEDICAL CONDITIONS: 2	tre there any medical conditions re	egaraing your chiia ii	iai we shouia khow at	oui! Fleuse list.						
Will your shild need medication	during the day on a regular	hagia? NO	) VEC							
<ul> <li>Will your child need medication</li> <li>(If VES, provide name of medication)</li> </ul>		basis? inc	J IES							
• (If YES, provide name of medication.)										
• The parent/guardian is responsible for submitting an Authorization of Medication for a Student to the summer program office BEFORE any medication may be administered.										
	•		or or Assistant Dir	ector for						
<ul> <li>All medication must be turned in to the Summer Enrichment Program Director or Assistant Director for storage. Students may not carry medication on their person.</li> </ul>										
	·									
PARENTAL/GUARDIAN AG	RFFMFNT. My signature l	nelow indicates that								
	Name of the signature of	erow marcures mai								
I agree that in the event of a medical emergency, 911 will be called to secure medical treatment for my child. I										
	agree that the SMUMC Summer Enrichment Program Director or Assistant Director may authorize emergency personnel to provide care in the event that neither parent/guardian may be contacted immediately. I understand									
				ly. I understand						
the parent/guardian is responsible for medical expenses associated with the emergency.  I agree to abide by the guidelines set forth in the SMUMC Summer Enrichment Program Parent Handbook.										
I understand that my child must follow all guidelines set forth in the SMUMC Summer Enrichment Parent										
Handbook regarding conduct in the summer program.										
I understand that a late pick up fee of \$1.00 per minute will be charged for each minute past a 5:30 p.m. pick										
up.	+ · · · · · · · · · · · · · · · ·	8	<b>F -</b>	To proceed the control of the contro						
I understand that my child must	be signed in and signed out	each day of the S	MUMC Summer	Enrichment						
Program and that if my child is	not signed in, I will be called	d to return to eithe	er pick up my chil	d or sign my						
child in.	1 MONDAY DV 5-20	1414	.1.11.1 N/LAN/ NIOT	11 1 1 . 66						
I understand that payments are on Tuesday without full paymen		<b>p.m</b> . and that my	child MAY NOI	be dropped off						
I understand that all weekly fees		HECK or MON	EY ORDER only	v.						
	I give my permission for my child to participate fully in all SMUMC Summer Enrichment Program activities.									
·			_							
Signature	Date		Relationship to C	hild						