

# 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
Birthdate:	Age:	Sex: M F <small>Circle</small>	T-shirt Size:	

**BROTHERS and SISTERS also Enrolled in the Summer Enrichment Program:**

First Name	Last Name

**PARENTS/GUARDIANS:**

<b>MOTHER/Guardian</b>			
Last Name	First Name	Middle Name	
ADDRESS	Street Address	City	Zip Code
Phone	Home Phone	Work Phone	Cell Phone
Employer			
Email Address			

<b>FATHER/Guardian</b>			
Last Name	First Name	Middle Name	
ADDRESS	Street Address	City	Zip Code
Phone	Home Phone	Work Phone	Cell Phone
Employer			
Email Address			

*For each question below, if more space is needed, please explain on a separate piece of paper and attach it to this application.*

Is there a separation, divorce or custody concern of which our staff should be aware? \_\_\_ NO \_\_\_ YES

Is any person prohibited from picking up the child by a court order? \_\_\_ NO \_\_\_ YES

If YES, **attach a copy of the court order.** If we do not have a court order, we cannot limit pick up of a parent.

Prohibited Person's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

