St. Matthews United Methodist Church Summer Enrichment Program

**PROGRAM DATES: JUNE 10 THROUGH AUGUST 9 (9 WEEKS)**

**FEES: $85 PER WEEK WITH ONE TIME APPLICATION FEE OF $50 DEADLINE TO ENROLL - RETURN APPLICATION TO OFFICE BY MAY 24**

**Note: Check or Money Order only form of payment accepted. Registration Deadline May 24.**

**Call Mr. Gibson @ 336-509-3084 or Ms. Sandra Gravely @ 336-669-8056 if you have any questions.**

**STUDENT INFORMATION:** *PLEASE PRINT*

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Middle Name | Nickname |
|  |  |  |  |
| Birthdate: | Age: | Sex: M FCircle | T-shirt Size: |

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

|  |  |
| --- | --- |
| First Name | Last Name |
|  |  |
|  |  |

**PARENTS/GUARDIANS:**

|  |
| --- |
| **MOTHER/Guardian** |
| Last Name | First Name | Middle Name |  |
|  |
| ADDRESS | Street Address | City | Zip Code |
| Phone | Home Phone | Work Phone | Cell Phone |
| Employer |  |
| Email Address |  |

|  |
| --- |
| **FATHER/Guardian** |
| 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

**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:**  **Preferred Hospital**

*If none, write* ***“NONE”*** *in space above. If none, write* ***“NO PREFERENCE”*** *in space above.*

* **MEDICAL CONDITIONS:** *Are there any medical conditions regarding your child that we should know about? Please list:*
* Will your child need medication during the day on a regular basis? NO YES

\_\_\_

\_\_\_

* (If YES, provide the 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.
* All medication must be turned into the Summer Enrichment Program Director or Assistant Director for storage. Students may not carry medication on their person.

**PARENTAL/GUARDIAN AGREEMENT:** *My signature below indicates that. . .*

* 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 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.
* I understand that my child must be signed in and signed out each day of the SMUMC Summer Enrichment Program and that if my child is not signed in, I will be called to return to either pick up my child or sign my child in.
* I understand that payments are due on **MONDAY BY 5:30 p.m**. and that my child **MAY NOT** be dropped off on Tuesday without full payment for the week.
* I understand that all weekly fees may be made by **CHECK or MONEY ORDER** only.
* I give my permission for my child to participate fully in all SMUMC Summer Enrichment Program activities.

***Signature Date Relationship to Child***