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* Middle Name Nickname Last Name First Name Birthdate: T-shirt Size: Age: M Sex: Circle BROTHERS and SISTERS also Enrolled in the Summer Enrichment Program: First Name Last Name PARENTS/GUARDIANS: **MOTHER/Guardian** First Name Last Name Middle Name ADDRESS Street Address Zip Code City Cell Phone Phone Home Phone Work Phone **Employer** Email Address FATHER/Guardian First Name Middle Name Last 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 Is any person prohibited from picking up the child by a court order? NO 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
	D 6	177		
Child's Doctor: f none, write "NONE" in space		e <mark>rred Hospital</mark> ne. write " NO PR	REFERENCE" in	space above.
-	·			-
MEDICAL CONDITIONS:	Are there any medical conditions re	egarding your child th	nat we should know ab	out? Please list:
Will your child need medication	on during the day on a regular	basis? NO	YES	
(If YES, provide the name of a		basis: inc	J LLS	
The parent/guardian is respons	•	ization of Medica	 tion for a Student t	to the summer
program office BEFORE any			tion for a Stadent	to the summer
All medication must be turned	into the Summer Enrichment	Program Director	or Assistant Direc	ctor for
storage. Students may not car	ry medication on their person.			
PARENTAL/GUARDIAN A	GREEMENT: My signature b	elow indicates that		
I agree that in the event of a magree that the SMUMC Summer personnel to provide care in the	ner Enrichment Program Directive event that neither parent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/guarent/gua	tor or Assistant D ardian may be con	Director may authon tacted immediate	rize emergency
the parent/guardian is responsi	-		•	TT 41 1-
I agree to abide by the guideling			· ·	
I understand that my child must Handbook regarding conduct is	•	h in the SMUMC	Summer Enrichm	ent Parent
I understand that a late pick up up.	o fee of \$1.00 per minute will l	oe charged for each	ch minute past a 5:	30 p.m. pick
I understand that my child mu Program and that if my child i child in.				
I understand that payments are on Tuesday without full paym		p.m . and that my	child MAY NOT	be dropped off
I understand that all weekly fe		or MONEY OR	RDER only.	
I give my permission for my c	•		•	ram activities.
Signature	Date		Relationship to C	hild