

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 Gravelly @ 336-669-8056 if you have any questions.

STUDENT INFORMATION: PLEASE PRINT

Last Name	First Name	Middle Name	Nickname
Birthdate:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <small>Circle</small>	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 _____

