



Grace United Methodist Church

For Office Use	
Date Rec'd	_____
Fee paid	_____
Number	_____

SUN SATIONAL SUMMER FUN - 2019

**DUE AT REGISTRATION: APPLICATION FEE AND ONE WEEK'S TUITION DEPOSIT OF \$50
REGISTRATION BEGINS APRIL 15, 2019**

APPLICATION FEE:

\$20.00 per family - Grace UMC Member
\$25.00 per family - Non-Church Member

TUITION: \$100.00 per session

All tuition due by May 23, 2019

APPLICATION FEES AND TUITION ARE NON-REFUNDABLE

Classes meet 9 am to 1 pm two times per week. Children may attend any or all sessions.

Please make checks payable to Grace UMC

Date of Birth: _____

Age of your child: Birthdate: 9/2/16 - 9/1/17 Birthdate: 9/2/15 - 9/1/16
 Birthdate: 9/2/14 - 9/1/15 Birthdate: 9/2/13 - 9/1/14

PLEASE INDICATE YOUR PREFERENCE OF SESSIONS AND DAYS (1st & 2nd choice within each session)

SESSION I: May 28-June 7
BACKYARD FUN!

__ Tuesday/Thursday
__ Wednesday/Friday

SESSION II: June 10-20
UNDER THE SEA!

__ Monday/Wednesday
__ Tuesday/Thursday

Last Name: _____ First: _____ Nickname: _____ Boy Girl

Address: _____ City: _____ Zip Code: _____

Home Phone # _____ Cell # Mother _____ Cell # Father _____

Mother's Name & work # _____ Father's Name & work # _____

Are you a member of Grace UMC? Yes or Other Church Affiliation: _____

Physician: _____ Phone #: _____

Physician's Address _____

Please provide contact information for those we should contact in the event we are unable to reach you and who are authorized to pick up your child.

Name: _____ Phone #: _____

Address: _____ Relationship w/child: _____

Name: _____ Phone #: _____

Address: _____ Relationship w/child: _____

Please list any special dietary needs, allergies, medical concerns and/or comments about your child that will be helpful to us in providing quality care for him/her: _____

Parent's Day Out Rules:

- 1) I fully understand the Summer 2019 program will follow the policies and procedures of the Grace United Methodist Church Parent's Day Out program as outlined in the 2019/2020 PDO brochure and agree to abide by them in spirit and action. I will cooperate with them to see that all regulations, rules and laws are followed.
- 2) I understand that this is a Christian program with Bible story time and a prayer/ blessing before snack and lunch.
- 3) I understand that Grace United Methodist Church Parent's Day Out is not responsible for my child until he/she has been placed in the personal care of their teacher. The child is the parent's responsibility before being dropped off (signed-in) and after the child has been picked up (signed-out).
- 5) I understand that Grace United Methodist Church Parent's Day Out will not be held responsible for any illness that may occur due to perishable items that have been placed in his/her lunch.
- 6) I understand that Grace United Methodist Church Parent's Day Out operates as a peanut/nut free program.

I understand that if my child is enrolled to attend on a twice a week schedule, as a continuing family I will use the code with the security door system for the Grace United Methodist Church Parent's Day Out program. I understand that this code is for parent/guardian use only and is not to be given out to relatives, friends, and neighbors.

Parent/Guardian Signature: _____ Date: _____

Photography Approval:

There may be an occasion when parents want to take pictures of their child in his/her Parent's Day Out classroom. We would also like to have some pictures of the children and their teachers to put on the bulletin boards for them to see throughout the year.

I give my permission for my child, _____ to be photographed at Grace United Methodist Church Parent's Day Out.

Parent/Guardian Signature: _____ Date: _____

Authorization for Emergency Medical Care:

In order to meet all legal requirements, I hereby authorize

Claudia Hutchison, Director

Pennie Sawa, Assistant Director

representatives of Grace United Methodist Church Parent's Day Out, and give consent for any and all necessary emergency medical care for my child, _____ while said child is in said individuals' custody.

The child's Certificate of Child Health Examination Record may be made available to the Emergency Room Staff.

Parent/Guardian Signature: _____ Date: _____