

Morris Chapel Week Day Ministries
2715 Darrow Road Walkertown, NC 27051 336-595-8101 ext. 4
2018-2019 School Year

After School Program Registration Fee: **\$50** / After School Monthly Tuition: **\$225** **Date:** _____

Student Information:

Student's Full Name: _____	
Student's Address: _____	
Father's Name: _____	
Father's Work Number: _____	Father's Cell Number: _____
Father's email: _____	
Mother's Name: _____	
Mother's Work Number: _____	Mother's Cell Number: _____
Mother's email: _____	

Persons Authorized to Pick-up the Student

Name: _____	Relationship _____
Phone Number: _____	
Name: _____	Relationship _____
Phone Number: _____	
Name: _____	Relationship _____
Phone Number: _____	
Name: _____	Relationship _____
Phone Number: _____	
Custody Issues: _____	

(If applicable, please attach custody papers)

Medical Issues: _____

Allergies: _____

In the event of an illness or accident which requires immediate treatment at a time when a parent cannot be contacted, I give permission for the staff of Morris Chapel UMC After School Program to authorize such treatment. I will not hold the Center nor the Medical Staff responsible.

Signature of Parent or Guardian _____
Date

_____ has permission to ride in an authorized vehicle of Morris Chapel UMC.

Signature of Parent or Guardian _____
Date

Name of Elementary school student will attend: _____

We provide quiet time for children to work on homework. Please note we WILL NOT sign off on assignments. We will provide homework assistance, but WILL NOT be responsible for accuracy or completion.