

Reverend J.H. Cokley DMin Senior Pastor

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After School Registration Form

“Where God’s Children Grow Spiritually, Culturally, Socially and Academically One Day at a Time”

\$15.00 Registration fee (nonrefundable) \$30.00 per week. Rates are not prorated nor do we have daily rates.

Complete the following information for each child you are registering:

Name	Gender {M/F}	Birthday	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Home Address _____

Home Phone _____

Father or Guardian _____ Work or Cell Number _____

Mother or Guardian _____ Work or Cell Number _____

Special needs:

Any drugs or medication required to be given during the hours of this program? ____ if yes, then list the information

here _____

Any Restrictions? _____ Any Food Allergies including milk? _____

Please indicate any food allergies that your child/children may suffer.

(Please list all persons **authorized** to pick up your child from this site):

Emergency Procedures

In the event of illness or injury during program hours, an emergency care procedure will be followed. A staff member will make every attempt to contact the parents or guardian. If no one can be reached, the three (3) emergency numbers listed below will be called. If none of these persons can be reached the site then contact the child’s doctor. All expenses incurred are the responsibility of the parents.

Emergency contacts: (list name and phone numbers both home and cell if appropriate)

1. _____

2. _____

3. _____

Child's doctor's name address and phone number:

Membership Agreement

I agree that my child will respect myself, the staff and other students.

I understand that the registration fee of \$15.00 is non-refundable. **Weekly fees are due each week. Late payments will be assessed \$5.00 per week until all payments are due on Friday, unless prior arrangements are made.**

I agree to pick my child up no later than 6:00 PM daily. **[A \$5.00 late fees will be added for students not picked up by 6:15 PM]**

I grant permission for my child to leave the church premises under the supervision of a staff member for walking and field trips on authorized vehicles.

I understand that I will be financially responsible for replacement of any supplies, equipment, etc., that my child breaks or destroys.

I hold harmless the Cherry Hill Missionary Baptist Church After School tutorial Program, its employees, the Pastor, officers and those acting on its behalf for any and all accidents my child might have while the ASTP and further hold them harmless for any actions they might take to provide emergency care for my child.

As parent or legal guardian of _____, I do hereby verify that I fully understand and accept each of the above conditions for permitting my child participate in the Cherry Hill Missionary Baptist Church After School Tutorial Program.

Parent/Guardian

Date

Participant

Date

After School Tutorial Staff

Date