

Membership Agreement

I have read the handbook which contains policies, procedures, and consequences with my child.

I have read and understand the bus rules set forth by the program and agree to adhere to them.

I agree that my child will respect his/herself, the staff and other students.

I understand that the registration fee is non-refundable after June 9, 2017

I agree to pick my child up no later than 3:00 PM daily.

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 and destroy.

I hold harmless the Cherry Hill Missionary Baptist Church Summer Cultural Enrichment Program and those acting on its behalf for any and all accidents my child might have while at the SCEP 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 to participate in the Cherry Hill Missionary Baptist Church Summer Cultural Enrichment Program.

Parent/Guardian

Date

Participant

Date

CHMBC Summer Cultural Enrichment Staff

Date

***** Please indicate any food/milk allergies that your child/children may suffer. We will require a letter from your doctor if your child(ren) cannot drink regular milk. This is a state department of Social Services guideline necessary for your child to participate in the program.**