

# Cherry Hill Missionary Baptist Church

504 Church Street / Post Office Box 1088  
Conway, South Carolina 29528  
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Reverend J.H. Cokley DMin. Senior Pastor

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**Registration fees are \$100.00 per child. All fees must be paid no later than June 5<sup>th</sup> or as soon as your child begins the program. Grades K-5 only.**

## 2017 Summer Cultural Enrichment Program Registration Form

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

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:**

Are any drugs or medication required to be given during the hours of this program? \_\_\_\_ if yes, please have your child’s physician complete the Diet Restriction form and return the sign form to us within 10 days of the programs opening.

***This is a state department of Social Services guideline necessary for your child to participate in the food program. (Please ask for the form should you need to have one signed by your child’s physician.)***

**How will your child(ren) get to and from the site each day?**

\_\_\_\_\_walk    \_\_\_\_\_car    \_\_\_\_\_church bus    \_\_\_\_\_someone will pick-up

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

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**Bus Pick up /Stop Location:**

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Any additional information we may need to know about your child:

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**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:

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## **Membership Agreement**

I have read the membership agreement, procedures, and consequences with my child. I understand that any violations could result in my child (ren) being terminated from the SCEP program and NO REUNDS WILL BE GIVEN.

I have read the bus rules set forth by the SCEP Staff 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 of \$100.00 is non-refundable. This fee must be paid prior to my child beginning the program unless prior arrangements have been made.

I agree to pick my child up no later than 3:00 PM daily. [Late fees will be added after 3:16 PM] see General Rules for additional information regarding late fees. There will a \$5.00 fee for every 15 minutes after 3:15PM

I grant permission for my child to leave the Cherry Hill MBC 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 destroys.

I hold harmless the Cherry Hill Missionary Baptist Church, The Summer Cultural Enrichment Program, its employees, the Pastor, officers, , its governing body, the individual members thereof, from and against any and all claims. This indemnifies those persons acting on its behalf for any and all accidents my child might have while the SCEP and further hold them harmless for any actions they might take to provide emergency care for my child.