

Grace United Methodist Church

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| Date Rec'd _____ |
| June _____ |
| July _____ |



SUN SATIONAL SUMMER FUN - 2025

***DUE AT REGISTRATION: APPLICATION FEE AND JUNE TUITION (\$128.00)
REGISTRATION BEGINS APRIL 22, 2025***

APPLICATION FEE:

\$25.00 per family at time of registration

TUITION: \$128.00 per two-week session

June tuition is due at time of registration

July tuition is due July 1

THE PROGRAM IS SUBJECT TO CANCELATION DUE TO LOW ENROLLMENT.

APPLICATION FEES AND TUITION ARE NON-REFUNDABLE

Classes meet 9 am to 1 pm two times per week.

Please make checks payable to Grace United Methodist Church

YOU MAY CHOOSE ONE OR BOTH SESSIONS:

SESSION I: June 17-25 (4 days total)

THE GREAT OUTDOORS!

Tuesday and Wednesday

SESSION II: July 1-9 (4 days total)

FUN IN THE SUN

Tuesday and Wednesday

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

Date of Birth: _____

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 2025 program will follow the policies and procedures of the Grace United Methodist Church Parent's Day Out program as outlined in the 2024-2025 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: _____

Authorization for Emergency Medical Care:

In order to meet all legal requirements, I hereby authorize

Becky Clark, Director Stephanie Smith, Assistant Director Grace Parent's Day Out Teachers

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.

I authorize the Grace Parent's Day Out staff to apply the sunscreen that I have provided.

Parent/Guardian Signature: _____ Date: _____

Please provide:

- change of clothing
- lunch
- water bottle
- sunscreen
- 3 diapers and baby wipes