

To be completed by school office-

PD IN FULL

Date Application Received: _____ Date Registration Fee Received: _____

Amount Paid: _____ Method: Cash Money Order Check (#: _____) **T E C P**

St. James UMC Afterschool Enrollment Application for Fall 2017

The following is due with the Application:

Registration Fee: \$40.00 Per Child

**August Tuition: \$30 (one child) \$50 (two children) \$70 (three children)
\$90 (four children)**

Child's First Name: _____ Last Name: _____ Name Used: _____

School: _____ Grade in School Fall 2017: _____

Booster Seat: _____

Birthdate (M/D/YY) _____ Male Female

Child's First Name: _____ Last Name: _____ Name Used: _____

School: _____ Grade in School 2017: _____

Booster Seat: _____

Birthdate (M/D/YY) _____ Male Female

Child's First Name: _____ Last Name: _____ Name Used: _____

School: _____ Grade in School 2017: _____

Booster Seat: _____

Birthdate (M/D/YY) _____ Male Female

Home Address _____ City _____, NC (zip) _____

Home Phone: _____

Email Address: _____

****Email is the best way for our staff to communicate with you. Please let us know if you do not check email on a daily basis****

Father's Name: _____ Home Phone: (_____) _____

Employer: _____ Work Phone: (_____) _____

Employer's Address _____ Cell Phone: (_____) _____

Mother's Name: _____ Home Phone: (_____) _____

Employer: _____ Work Phone: (_____) _____

Employer's Address _____ Cell Phone: (_____) _____

Religious/Church Affiliation:

Student lives with (check all that apply)

Father Mother Stepfather Stepmother Other _____ (Relationship)

Parents are: Residing together Divorced Separated Father Deceased Mother Deceased

Siblings (names & ages)

Does your child have a physical or emotional health problem of which the school should be aware?) This may include special diets, prescriptions, allergies, counseling, or limitations on normal activities.) _____ Yes _____ No
If yes, please specify:

Are there any unusual situations in your family life that might affect your child in some way?

If you are new to St. James, how did you learn about our school?

Has your child attended an Afterschool program in the past? ___No ___Yes

If yes, where and how long?

Transportation is provided from the following Schools: Wahl Coates, Elmhurst, South Greenville, Wintergreen, Eastern, St. Peters, CM Eppes, Aycock & Hope

YES, or NO I would like my child(ren) transported from their School to St. James.

THIS SECTION MUST BE SIGNED BY PARENT/GUARDIAN TO COMPLETE APPLICATION

By signing below, I verify that I have received, read, and agree to the information contained in the St. James Afterschool Enrollment Packet.

Parent/Guardian

Date

