

[Office use only] Program Date: June 9 – July 19, 2025

Date/Amount paid: _____ New or Returning _____

Cherry Hill Missionary Baptist Church

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(843) 248-4900 (Office) (843) 248-5640 (fax)
Reverend Carl Blain. Interim Pastor

Website: www.cherryhillconway.org- Email Address: gwenette.mccray@cherryhillconway.org

Registration fees are \$200.00 per child. All fees must be paid no later than June 9th or as soon as your child begins the program. Secure your spot today with a \$50 enrollment fee, which will be deducted from the overall rate.

2025 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: (Ages: Primary-Middle School) **Name Gender {M/F} Birthday**

Present 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 diet restrictions, please have your child's physician complete the Diet Restriction form and return the signed form to us within 10 days of the program's opening. ***This is a state department of Social Services guideline necessary for your child to participate in the food program. (If you need a form signed by your child's physician, please feel free to ask for one.)***

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

(Designated stops to be determined.)

____ walk ____ car ____ church bus (**designated stops only**) ____ 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:

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, 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:

Bus Rules

The following rules will govern the conduct of students on the bus. To help youth remember the rules, we have used the same bus rules as outlined in the **Parent -Student Handbook used by the Horry County Schools**.

1. Students must be on time at the bus stop.
2. Students should not run alongside the bus when the bus is moving.
3. Students should go to their seats without pushing or crowding.
4. Students should remain seated while the bus is in motion.
5. Students must never extend arms, legs, or head out the bus; nor should they throw objects from bus windows.
6. Except in an emergency, students should never talk to the driver while the bus is in motion.
7. Students must not fight or scuffle or create any disturbance on the bus.
8. Students must not mark or deface the bus or seats on the bus.
9. Students are not allowed to eat or drink on the bus.
10. Students must remain seated until the bus comes to a complete stop and the driver tells you to move.
11. Students should leave the bus in an orderly manner. Students in the front seats leave first.
12. Students are permitted to leave only at regular designated stops. Any changes must be made in writing by the parent and approved by the Director.
13. If there are any complaints, please call the church. ***DO NOT CALL THE DRIVER AT HOME.***
14. Students will sit in assigned seats.

Possible Actions Taken For Not Following Rules

- ❖ Student will receive a bus referral.
- ❖ Suspension for a specific number of days
- ❖ Conference with parent, bus driver and SCEP Director
- ❖ Referred to law enforcement.

1st Offense-Student can be suspended from riding the bus until conference with parents and Director.

2nd Offense-Suspension from bus for ____ days

3rd Offense- May result in the loss of bus riding privileges for the remainder of the Summer

Program. *These guidelines may be adjusted based on the seriousness of the problem.

Membership Agreement

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

I understand that the registration fee of \$200.00 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 be a \$15.00 fee for the first 15 minutes. After 3:15PM, there will be a \$25.00 late fee for every 15 minutes you are late.

I agree to not bring in food from outside establishments to be served without a doctor's order.

I agree to secure permission from the administrative staff prior to spending time at the camp facility other than as an approved volunteer.

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 agree to hold harmless and indemnify Cherry Hill Missionary Baptist Church, The Summer Cultural Enrichment Program (SCEP), its employees, the Pastor, officers, governing body, and individual members from any and all claims, including those related to accidents involving my child during the SCEP. Additionally, I release and hold these parties harmless for any actions taken to provide emergency care for my child while participating in the program.

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 REFUNDS WILL BE GIVEN.

I have read the bus rules set forth by the SCEP Staff and agree to adhere to them.

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 Summer Cultural Enrichment Program.

Parent/Guardian Date:

Student Participant Date:

CHMBC Summer Cultural Enrichment Staff Date