

**Reverend J.H. Cokley DMin Senior Pastor**

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**After School Registration Form**

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

**\$15.00 Registration fee (nonrefundable) \$30.00 per week. Rates are not prorated nor do we have daily rates.**

**ALL FEES ARE DUE ON FRIDAY FOR THE NEXT WEEK**

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:**

Any drugs or medication required to be given during the hours of this program? \_\_\_\_ If yes, then list the information here \_\_\_\_\_

Any Restrictions? \_\_\_\_\_ Any Food Allergies including milk? \_\_\_\_\_  
*Please indicate any food allergies that your child/children may suffer.*

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

My Child will need to be picked up \_\_\_\_\_ Name of School \_\_\_\_\_ Dismissal time \_\_\_\_\_

**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 agree that my child will respect myself, the staff and other students.

**I understand that the registration fee of \$15.00 is non-refundable. Weekly fees are due each week. Late payments will be assessed \$5.00 per week until all payments are due on Friday for the next week, unless prior arrangements are made.**

**I agree to pick my child up no later than 6:00 PM daily. [A \$5.00 late fee will be added for students not picked up by 6:15 PM] Late fees will be enforced. Must be paid within 24 hours or additional fees will be added.**

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 or destroys.

I hold harmless the Cherry Hill Missionary Baptist Church After School tutorial Program, its employees, the Pastor, officers and those acting on its behalf for any and all accidents my child might have while attending the ASTP or riding the mini bus. I 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 participate in the Cherry Hill Missionary Baptist Church After School Tutorial Program.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
After School Tutorial Staff

\_\_\_\_\_  
Date