SUMMER DEPOT 2020

Tuesdays & Thursdays *12 days*

June 2, 4, 16, 18 ,23, 25, 30   July 2, 14, 16, 21, 23

1st Child: _____   _____   _____/_____/_____

      Full Name: (First)   (Middle)   (Last)   Name your child prefers   Birth date

____   ____   _____   _____

   M   F   Pertinent Allergies   Special requests/needs for your child

Important medical or behavioral information to help your child be successful: _____

Circle: A (8 weeks-12 mos), B (13-18 mos), C (19-24 mos)   **Circle:** Pre-K 2,   Pre-K 3,   Pre-K 4,   K-1-2

(9:00-1:00)   **(9:00-12:00)**   **(2, 3, or 4 by Sept 1, 2019)**

Same class child was in for 2019-2020 school year.   ****Same class child was in for 2019-2020 school year.****

$240 for the summer   **$200 for the summer**

Early Bird (8:00-9:00) _____ **+ $72**   **Early Bird** (8:00-9:00) _____ **+ $72**

                                    Lunch Bunch (12:00-1:00) _____ **+ $72**

2nd Child: _____   _____   ___/_____/_____

      Full Name: (First)   (Middle)   (Last)   Name your child prefers   Birth date

____   ____   _____   _____

   M   F   Pertinent Allergies   Special requests/needs for your child

Important medical or behavioral information to help your child be successful: _____

Circle: A (8 weeks-12 mos), B (13-18 mos), C (19-24 mos)   **Circle:** Pre-K 2,   Pre-K 3,   Pre-K 4,   K-1-2

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                                    Lunch Bunch (12:00-1:00) _____ **+ $72**

1st Child _____+_____ + _____ + _____ = _____

         Class Tuition   Reg Fee ($25)   Early Bird   Lunch Bunch   Total Fee for Summer Depot

2nd Child _____ + _____ +_____ + _____ = _____

         Class Tuition   Reg Fee ($25)   Early Bird   Lunch Bunch   Total Fee for Summer Depot

Mom's First & Last Name: _____ Employer: _____

Dad's First & Last Name:_____Employer:_____

Address: _____ City _____ Zip _____

Mom's Cell #: _____   Dad's Cell #: _____

E-Mail Address: _____

Emergency Contact: Name_____ #_____

Medical Release

In enrolling my child (children) in the Summer Depot Ministry at Temple Baptist Church of Hattiesburg, MS, I understand that Temple Baptist Church (TBC) assumes no responsibility for sickness or injury which may occur while my child (children) is (are) in attendance at the Summer Depot. As a condition of enrollment of my child (children) in Summer Depot, I hereby relieve and release TBC and its employees from any and all liability for injury or sickness which may occur for any cause while my (our) child (children) is (are) in this program. In order to meet all legal requirements, I hereby authorize a representative of TBC to give consent for any and all necessary medical care for my child (children) while in TBC's custody.

Parent's signature: _____   Date: _____