

ARDMORE UNITED METHODIST CHURCH
Through-The-Week School
630 South Hawthorne Road
Winston Salem, NC 27103
336.722.8430 ardmoremc.org/ttws



Through-The-Week School
Summer Program
Weekly from July 1 through July 26, 2019
NO SCHOOL JULY 4TH
9:00 am to 12:00 pm

Fee schedule

2 days/per week \$60
3 days/per week \$70
4 days/per week \$85
5 days/per week \$95

\$25.00 registration fee

To secure a space, please return the completed Summer Registration Form (below) to the preschool office. Please be sure to include the \$25.00 registration fee. *Summer Program tuition for all weeks is due May 10.* Please make checks payable to Ardmore United Methodist TTWS.

ARDMORE UNITED METHODIST CHURCH
Through-The-Week School

630 South Hawthorne Road
Winston Salem, NC 27103
336.722.8430 ardmoremc.org

Child's Age _____ Class _____

2019 SUMMER REGISTRATION FORM

Child's Name _____

Name goes by _____ Male Female Birthdate _____

Home Address _____

_____ Home Phone _____

Mother's Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Father's Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Parent's Martial Status: Married Divorced Single

E-Mail Address _____

Please circle the weeks and days desired:

July 1-5 Monday Tuesday Wednesday No School Friday

July 8-12 Monday Tuesday Wednesday Thursday Friday

July 15-19 Monday Tuesday Wednesday Thursday Friday

July 22-26 Monday Tuesday Wednesday Thursday Friday

Brothers and Sisters _____ Age _____

_____ Age _____

_____ Age _____

Church Affiliation Yes No Name of Church _____

Child's Doctor _____ Phone _____

EMERGENCIES: If parents cannot be reached call (*must be local*):

Name _____ Phone _____

Name _____ Phone _____

Allergies (please list) _____

Previous Preschool Experience Yes No _____

Special Interests _____

Fears _____

Additional Comments about your child _____

What would you like to accomplish with your child this year?

1. _____

2. _____

I give my permission for emergency treatment (if neither parent can be reached).

Hospital Preference: Forsyth Medical Center

Wake Forest Baptist Hospital

Other Specify _____

Parent's Signature _____ Date _____

Enclosed _____ Registration Fee _____