

ARDMORE UNITED METHODIST CHURCH
Through-The-Week School
630 South Hawthorne Road
Winston Salem, NC 27103
336.722.8430



Through-The-Week School
Summer Program
Weekly from July 6 through July 31, 2020
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 Program Registration Form (below) along with the \$25.00 registration fee, to the preschool office. 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



Child's Age _____ Class _____

2020 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 6-10 Monday Tuesday Wednesday Thursday Friday

July 13-17 Monday Tuesday Wednesday Thursday Friday

July 20-24 Monday Tuesday Wednesday Thursday Friday

July 27-31 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 _____