

# The First Shiloh "FFF" Summer Enrichment Ministry

## Enrollment Contract

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Person to Notify In Case of Emergency \_\_\_\_\_  
Tel. \_\_\_\_\_ Tel. \_\_\_\_\_

### PLEASE CHECK ONE OF THE FOLLOWING

\_\_\_\_\_ I hereby enroll the following child/ren in the First Shiloh "FFF" Summer Enrichment Program (June-August)

1. Name \_\_\_\_\_ Age \_\_\_\_\_ M or F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade in the fall \_\_\_\_\_
2. Name \_\_\_\_\_ Age \_\_\_\_\_ M or F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade in the fall \_\_\_\_\_
3. Name \_\_\_\_\_ Age \_\_\_\_\_ M or F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade in the fall \_\_\_\_\_
4. Name \_\_\_\_\_ Age \_\_\_\_\_ M or F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade in the fall \_\_\_\_\_

### MEDICAL INFORMATION

*(Please submit a copy of child's medical information)*

Please list any allergies or pertinent medical information that we need to know about. If your child is on medication, please give schedule of administering and name of medication.

Allergies \_\_\_\_\_ Other \_\_\_\_\_

Medication(s) \_\_\_\_\_ To be taken \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Tel: \_\_\_\_\_

Please indicate whether child can be given Aspirin or Children's Tylenol: \_\_\_\_\_

I give my consent for the administration of this program to administer any medical care as described above. In case of accident, injury, or medical emergency, permission is granted for my child to be given reasonable first aid and to be taken to the nearest medical facility for treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Information Received: \_\_\_\_\_ By: \_\_\_\_\_  
Date \_\_\_\_\_

I have read the conditions of this enrollment contract and I hereby enroll my child(ren) according to the following terms:

In the event of accident or injury, parents and /or the person to be contacted for emergencies will be notified immediately.

I agree to pay the non-refundable registration fee of \$25.00 per child at the time of enrollment.

I agree to pay the designated tuition fee per week for the Summer Enrichment Program. Fees are due regardless of the number of days the student attends the program.

I understand that my child/ren will neither be allowed to attend the program or participate in any scheduled activities if program fees and activity fees have not been paid.

Tuition is due on Monday. A charge of \$25.00 will be assessed for late payments.

The hours for the Summer Enrichment Program will be 7:00 AM - 6:00PM, Monday - Friday.

A charge of \$5.00 per fifteen(15) minutes will be assessed for late pick-ups. Late fees begin at 6:01 PM.

A charge of \$25.00 will assessed for returned checks. Personal checks will not be accepts after three(3) returned checks. The SEM accepts Master Card, Visa, Discover, American Express.

A Parent Information Handbook, SEM Guidelines and Van Guidelines will be issued and reviewed at the SEM Orientation Meeting.

A SEM T-shirt is required and must be worn at all designated field trips.

**SUMMER ENRICHMENT MINISTRY**

**Cost: Registration \$25.00**

**Tuition: \$90.00 per week w/o lunch; \$105.00 per week with lunch**

**Activity Fee: \$175.00 or \$225.00(includes field trips, swimming fees), payment plan available**

**T-Shirt: \$20.00**

**Early Bird Special: Save \$100.00 (Due by June 12<sup>th</sup>)**

\_\_\_\_\_ I agree to pay the fee of \$90.00 per week for the SEM, without Lunch.

\_\_\_\_\_ I agree to pay the fee of \$105.00 per week for the SEM, with Lunch.

\_\_\_\_\_ I agree to pay the \$800.00, Early Bird Special. Due by June 15<sup>th</sup>

\_\_\_\_\_ I agree to pay \$175.00 Activity Fee(k-3<sup>rd</sup>) \_\_\_\_\_ \$225.00(4<sup>th</sup> - 9<sup>th</sup>)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only:**

Registration Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_  
Beginning Date: \_\_\_\_\_ Received by: \_\_\_\_\_