

First United Methodist Church Wonderful Wednesday Enrollment School Calendar Year 2017-2018

Child's Name: _____

Address: _____

City: _____ Zip Code: _____

Parent / Guardian Name(s): _____

Contact Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Contact e-mail: _____

Child's Birthdate: ____/____/____ (mm/dd/yy)

Child's School: _____

Child's Grade Year: _____

First United Methodist Church bus is able to pick up children from Conway Elementary School on two rotations: k-2nd and 3rd -5th grade. The bus capacity is limited to fourteen passengers. If needed would you be able to pick up your child from school for drop off at First United Methodist Church Family Life Center by 3:00 pm? _____ Yes _____ No

Would you be willing to be listed on the snack schedule for Wonderful Wednesday?
_____ Yes _____ No

Would you be willing to assist with field trips or special events? _____ Yes _____ No

Bus Rider Permission

My child, (Name) _____, has my permission to ride the First United Methodist Church bus transportation for the purpose of participating in the Wonderful Wednesday afternoon program as well as other First United Methodist related programs provided during the 2017-2018 school year.

Parent / Guardian(s) Signature: _____

Date: ____/____/____ (mm/dd/yy)