

**BETHEL UNITED METHODIST CHURCH
SUMMER PROGRAM
4600 DANIEL DRIVE
COLUMBIA, SC 29206-1499
TELEPHONE #787-3089**

APPLICATION FOR ADMISSION SUMMER PROGRAM

APPLICATION STATUS :

FOR OFFICE USE

- We are members of Bethel United Methodist Church
- My child is currently enrolled in Bethel Preschool
- New to Bethel Preschool
- Previously attended Summer Camp

FOR OFFICE USE
DATE _____
IMMUNIZATION RECORD _____
REGISTRATION Amount _____
PAID _____
CHECK # _____
TEACHER _____

APPLICATION TO ENTER:

- Nursery/Toddler
- 2 Yr. Old
- 3 Yr Old
- 4 Yr. Old
- 5 and up

CHECK WEEKS YOU ARE INTERESTED

	JUNE	JULY
_____ Week 1	__ Week 1	__ Week 1
_____ Week 2	__ Week 2	__ Week 2
_____ Week 3	__ Week 3	__ Week 3
_____ Week 4	__ Week 4	__ Week 4

FULL NAME OF CHILD _____ **DATE OF BIRTH** _____

Name used at home _____ Present Age _____ Sex _____

Address _____ Telephone # _____

_____ Zip Code _____

Father's Name _____ Occupation _____ Telephone # _____

Cell # _____

Mother's Name _____ Occupation _____ Telephone # _____

Cell # _____

Parents Status: Father (living in home) _____ Divorced _____ Deceased _____

Mother (living in home) _____ Divorced _____ Deceased _____

Custody: Both Parents _____ Mother _____ Father _____

Other _____

Siblings: Name _____ Age _____

Name _____ Age _____

Church your family attends: _____

****SUMMER PROGRAM SUBJECT TO SUFFICIENT ENROLLMENT****