

**APPLICATION FOR AFTERSCHOOL PROGRAM  
FRONT STREET UNITED METHODIST CHURCH**

136 S. FISHER STREET P.O. Box 2597, BURLINGTON, NC 27216 336-227-6772  
KATIE PORTER, DIRECTOR AFTERSCHOOL@FRONTSTREETUMC.ORG

Thank you for your interest in our programs!

Front Street Afterschool is a program for students in grades Kindergarten through Eight during their out of school time. We pick up students from Smith Elementary, Elon Elementary, Highland Elementary, Blessed Sacrament, Hillcrest Elementary, and Turrentine Middle School.

We operate Monday through Friday during the school year, from school dismissal to 6:00 PM. On full days, such as teacher workdays and student vacation days, we operate from 7:30 AM until 6:00 PM. Afterschool operates on the Alamance Burlington School System schedule.

As a program, we are committed to providing a safe, wholesome environment which allows each individual child to have fun and experience growth opportunities in the areas of independence, responsibility, and decision making. We are a ministry through Front Street United Methodist Church, and as such we operate under a commitment to Christian principles that include respect for the worth of all individuals. Staff members and students will be expected to relate in a respectful manner to each other to ensure that a safe, non-threatening environment is always maintained. We admit children into our program without regard for race or country of origin.

**THE APPLICATION PROCESS:**

1. Fill out an application for each child.
2. Turn in the application along with a registration fee per child by **June 2, 2023**.  
The fee for **Front Street UMC members** applications is **\$40.00**.  
The fee for **non-members** applications who are **non-members** is **\$50.00**.  
This **fee is non-refundable** if you choose to withdraw your child after they have been accepted into the program.  
Please make checks payable to **Front Street UMC** with your **child's name** in the **memo line**.
3. Applications can **be hand delivered to the church office at 136 South Fisher Street in Burlington or mailed to:**

**Front Street UMC Playschool  
P.O. Box 2597  
Burlington, NC 27216**

**PRIORITY:**

Space is limited for these programs and will be filled according to priority. This is done on a first come, first serve basis. If there are no more vacancies and we cannot accept your child into the program, your registration fee will be returned.

1. **FIRST PRIORITY** is given to church members and children of our staff. The purpose of this policy is to provide a place in our program for those church families who actively support the church with their prayers, presence, gifts, and service.

2. **SECOND PRIORITY** is given to returning students.

3. **THIRD PRIORITY** goes to siblings of returning students.

4. **FOURTH PRIORITY** goes to those not currently affiliated.

**FEES & TUITION:**

Please make all checks payable to **Front Street UMC** with your **child's name** in the **memo line**.

**Registration Fees:**

Must be submitted with application **by June 2, 2023**.

**Church Members: \$40.00** per student

**Non-Church Members: \$50.00** per student

*If we are unable to place your child in our program, we will refund your registration fee; however, if for any reason you decide to withdraw your child after he/she has been accepted into the program, you will forfeit your registration fee.*

**Tuition:**

Tuition is based on a weekly fee for the 41-week school year.

One Child	\$260.00 per month
Each Additional Child	\$240.00 per month

**NOTIFICATION:**

You will be notified by either mail or email as to whether we were able to accept your child into our program.

**APPLICATION FOR AFTERSCHOOL PROGRAM  
FRONT STREET UNITED METHODIST CHURCH**

136 S. FISHER STREET P.O. BOX 2597, BURLINGTON, NC 27216 (336) 227-6772  
KATIE PORTER, DIRECTOR AFTERSCHOOL@FRONTSTREETUMC.ORG

Name of Child: \_\_\_\_\_  
(Last) (First) (Middle) To be called

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Returning Child

School: \_\_\_\_\_ Rising Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

**About the Family**

Parent 1 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Where Employed: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Where Employed: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Preferred Email Address: Parent 1  Parent 2

Names and ages of siblings/others living in home:  
\_\_\_\_\_

**Information about your child**

Does your child have any special needs (inexperience or immaturity in given area, deep fears, problems, etc.) that we should know about? Please explain: \_\_\_\_\_

Does your child have physical ailments or allergies of which we should be notified? Yes  No

If yes, please explain: \_\_\_\_\_

Child's special talents, interest, or hobbies \_\_\_\_\_

Child's experience and skill level:

Swimming \_\_\_\_\_

**Emergency Information**

Name of child's doctor: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Name of child's dentist: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In case of sickness or an emergency, and neither parent can be contacted, call:  
(Must be local)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby grant permission to the Afterschool authorities present during any emergency or accident involving my child \_\_\_\_\_, to obtain the service of a physician and/or to transport my child to a hospital. I also grant permission to the physician to treat my child unless I am present and request otherwise or unless I later request otherwise.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Pick Up Information**

The following persons have my permission to pick up my student without my sending a note or calling Afterschool staff.

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Field Trip Permission**

\_\_\_\_\_ has my permission to go on all field trips and to play in unfenced play areas when supervised by Afterschool staff.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

-----

**FOR OFFICE USE ONLY:**

Date Registration Received \_\_\_\_\_

\$ \_\_\_\_\_ (Cash \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_)

Tuition \$ \_\_\_\_\_