

**FIRST UNITED METHODIST CHURCH
WONDERFUL WEDNESDAY ENROLLMENT
SCHOOL CALENDAR YEAR 2019-20**

Child's Name: _____

Street Address: _____

City: _____ Zip Code: _____

Parent/Guardian Name(s): _____

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

Contact E-mail: _____

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

Child's School: _____

Child's Grade Level: _____

First United Methodist Church bus is able to pick up children from Conway Elementary School on two rotations. The bus capacity is limited to fourteen passengers. If needed would you be willing to pick up your child from school and drop them off at First United Methodist Church Fellowship Hall by 3:00 pm? _____ Yes _____ No.

Would you be willing to help with snack supplies? _____ Yes _____ No.

Would you be willing to assist with special trips and/or events? _____ Yes _____ No.

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Bus Rider Permission

My child, _____ (Full Name), has my permission to ride the First United Methodist Church bus transportation for the purposes of participating in the Wonderful Wednesday afternoon programs, as well as, other programs sponsored by First United Methodist Church of Conway SC during the 2019-20 school calendar year..

Parent/Guardian Signature: _____

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

