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**Ages four thru Grade 5**

 9:30 a.m. until 12:30 p.m.

AUGUST 5TH - 7th and AUGUST 12th - 14th

2 - 3 Day Weeks - Tuesday, Wednesday & Thursday

BETHEL UNITED METHODIST CHURCH

7033 Amboy Road - One block past Page Avenue

For more information call (718) 984-1277

TO REGISTER PLEASE COMPLETE & RETURN THE ATTACHED FORM

WITH YOUR CHECK MADE PAYABLE TO: BETHEL UNITED METHODIST CHURCH (7033 Amboy Rd., Staten Island, NY 10307)

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**Registration: $15.00 per child / 3 or more children: $10.00 per child**

**Please give the name(s) of each child: \*ask for our family discount for three or more children**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_**

**(To list additional children from your family please use the reverse)**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street Address Zip Code**

**Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY RESTRICTIONS? Yes / No (Circle any that apply) Food Allergies / Special Diet / Activities**

**If yes please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES / NO .**

**(Parent/Guardian Signature) (Date) Can you volunteer? (Circle One)**