

**K. D. WESLEY
2019 SUMMER YOUTH PROGRAM**

**MONDAY, JUNE 3, 2019
THRU
FRIDAY, AUGUST 9, 2019**

**ENROLLMENT PACKET
&
CHECKLIST**

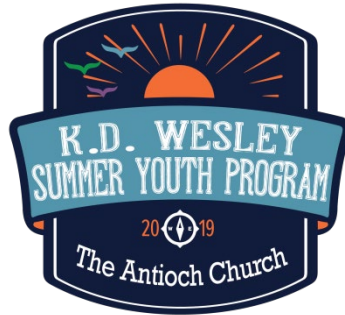
ANTIOCH FELLOWSHIP MISSIONARY BAPTIST CHURCH
7550 South Hampton Road
Dallas, Texas 75232
469-828-1310

DR. KARRY D. WESLEY, SENIOR PASTOR
Rev. Abe C. Cooper, Jr., Assoc.
Pastor of Christian Education and Missions

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Welcome to K.D. Wesley 2019 Summer Youth Program



Dear Parents/Guardians,

Welcome to Antioch Fellowship Missionary Baptist Church 2019 Summer Youth Program. The Summer Youth Program will include spiritual, educational, and fun activities.

Attached please find information and forms pertaining to the 2019 Summer Youth Program. These forms should be **completed** and **returned** to the business office no later than **Wednesday, May 29, 2019**. Please note that planned field trips are subject to change, due to weather conditions or circumstances beyond our control. This year's tuition cost is \$90.00 per child/per week.

This summer will be an enjoyable and memorable experience for your child(ren). If you have any questions or require additional information, please contact our office.

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7550 South Hampton Road
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(469) 828-1310

CHECKLIST

The following items must be read, fully completed, signed and received in our office to complete your child's enrollment for the **K. D. Wesley 2019 Summer Youth Program**. Please check off each item below when you have read, signed and completed each form:

- General Information
- Tax Information
- Rules of Conduct
- SYP Registration Form
- Parent/Emergency Contact Information
- Health Care Information Form
- Parent/Guardian Approval/Participation and Field Trip Release Form
- Copy of Birth Certificate for (5) year olds
- I have read, completed, signed and returned all of the required forms and fees.

Signature

Date

Your child will not be enrolled until **ALL** of the above forms have been completed, as well as full payment of all applicable fees. You may submit the completed K. D. Wesley 2019 Summer Youth Program Enrollment Packet and fees to SYP Administration or the Church office, during normal business hours which are Monday thru Thursday from 8:30 AM – 5:00 PM. Packets also can be submitted on Sundays, from 9:00 AM- 12:30 PM.

MANDATORY PARENTS' MEETING

The 2019 SYP Parents' meeting will be held on Tuesday, May 21, 2019, at 7:00 pm in the Antioch Fellowship Multi-Purpose Center.

PROGRAM OBJECTIVES

The K. D. Wesley 2019 Summer Youth Program (**SYP**) is a ten-week program designed to enhance the spiritual, emotional and physical growth of each child. The SYP is an extension of the Antioch Fellowship Missionary Baptist Church General Youth Ministry. This is a youth program with activities ranging from recreational to spiritual. The Summer Youth Program is not a Day Care Facility.

PARTICIPANTS

All youth of the Antioch Fellowship Missionary Baptist Church, as well as those from the community, are welcome to attend.

- The program is open to Kindergarten (2019/2020 school year) to age 15. **(NO EXCEPTIONS).**
- Registering a child in the Kindergarten class requires a copy of the child's birth certificate **(NO EXCEPTIONS).**

REGISTRATION/PAYMENT

Non-Refundable Deposit:	\$40.00 per child	(due at time of registration)
Weekly Payment	\$90.00 per child	(due on Mon – LATE ON WEDNESDAY)
Full Payment	\$750.00 per child	(due on or before the first day of camp)
Late Payment Fee:	\$15.00 per child	(DUE WITH ALL LATE PAYMENTS)
Returned Check Fee:	\$25.00 per check	(due with next payment)

PAYMENT OPTIONS

Cash
(On-Site Only)

Check
(On-Site AND Online)
www.afmbc.org/syp

Debit/Credit Card
(Online Only)
www.afmbc.org/syp

SPECIAL NOTES:

Weekly payment is \$90.00. You are responsible for the entire weekly payment even if your child only attends one day.

Checks should be made payable to Antioch Fellowship Missionary Baptist Church; in the memo section, please write SYP.

There is a \$25.00 fee for all returned checks. If two returned checks are received, we will notify you that we can longer accept “check” payments.

All refunds/reimbursements for advance payments will be processed at the end of the summer.

IMPORTANT INFORMATION - NOT FOR TAX PURPOSES

The **K. D. Wesley 2019 Summer Youth Program** is an extension of Antioch Fellowship Missionary Baptist Church Children and Youth Ministry. It is not a Day Care operation. Therefore, the Summer Youth Program **does not** have a tax identification number for income tax purposes. As a result, the SYP cannot give you a number for deduction on your income tax statement. Likewise, the fee cannot be considered a contribution because you are receiving services in return for the fee. Therefore, the Church **will not** issue you a contribution statement reflecting an SYP contribution.

SYP will issue you a receipt at the time of payment for SYP services. Please note, the Church will not be responsible for substantiating any fees paid for SYP services for child-care deduction for tax purposes.

Parent/Guardian Signature

Date

RULES OF CONDUCT

- _____ 1. Every parent and/or legal guardian must enter the facility through Parking Lot “C” to sign their child in and out at the Program Desk. **(NO EXCEPTIONS).**
- _____ 2. No child will be allowed to leave the premises with anyone other than those individuals designated in the Registration Packet.
- _____ 3. Antioch will provide breakfast, lunch and an afternoon snack.
- _____ 4. All children are expected to dress in appropriate attire while attending SYP. Pants below the waist for boys or girls will not be allowed. Shorts must be knee length. Revealing blouses and/or tops and T-shirts with an inappropriate message are prohibited. Tattoos and pierced body parts other than ear should not be visible. Boys are not allowed to wear earrings at any time. Also, slides with socks are not permitted on indoor field trips. **VIOLATORS WILL BE SENT HOME.**
- _____ 5. A written field trip permission slip must be signed by a parent and/or legal guardian prior to a child participating in any scheduled field trips.
- _____ 6. SYP instructional hours are 9:00 A.M. – 5:00 P.M., Monday through Friday. The Facility will open at 7:00 A.M. and close at 6:00 P.M. to accommodate working parents. **SYP is not a Day Care!** There will be a \$10.00 charge for parents who arrive after 6:00 P.M. and an additional \$10.00 charge every 15 minutes thereafter. **(This fee should be paid the following business day before your child will be accepted for drop off.)**
- _____ 7. If you need to call your child during operation hours of the program, please call **Torina Johnson**, the SYP Office Manager at 469-828-1310. Children will not be able to use the telephone “at will.” If a call is warranted, the SYP Office Manager or Instructor will call.
- _____ 8. Youth will be suspended from SYP for an indefinite period of time for using profanity, fighting, stealing, and disrespecting adults. The time of suspension will be determined by the SYP Administration.
- _____ 9. Punishment for other violations (i.e., talking when they should be listening, horse playing, excessive walking) could result in that child spending time in Pastor’s Extras (P.E.). This time involves reading material selected by the Associate Pastor of Christian Education and Missions.
- _____ 10. Only children and youth enrolled in the SYP will be allowed to attend.
- _____ 11. **Parents are responsible for property damages caused by their child.**
- _____ 12. Personal electronic items such as MP3’s, personal gaming devices, cell phones, and pagers, etc. are discouraged. If an electronic device is used during instructional time, it will be confiscated and returned to the parent (guardian) at the end of the day.
- _____ 13. No bikini, thongs, French cut or two (2) piece swimming suits will be allowed.
- _____ 14. There will be a zero tolerance behavioral policy on all field trip outings.
- _____ 15. It is mandatory that each child wears his/her Summer Youth T-Shirt on the field trip days.
- _____ 16. All children must give complete cooperation to SYP instructors at all times.

HEALTH CARE INFORMATION FORM

Date Submitted _____, 2019

Do you have medical insurance? Yes _____ No _____

Insurance Company _____

Policy Number _____

Physician Name _____

Physician Telephone Number _____

In case of emergency, I give my consent for my child, _____, to be transported to the nearest hospital to receive treatment deemed necessary by the attending physician.

EMERGENCY AGREEMENT

We will administer medications that are prescribed by a physician. The medication taken must be indicated on the Health Care Information Form.

Parent/Legal Guardian Signature

Date of Signature

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Parent/Legal Guardian Signature

Date of Signature

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Parent/Legal Guardian Signature

Date of Signature



STUDENT EMERGENCY CONTACT

Parents,

It is essential that we have current phone numbers to contact you in the case of an emergency at the **K. D. Wesley 2019 Summer Youth Program**. We also need names and telephone numbers of relatives or friends that can pick your child from school if you are unavailable.

Student's Name		Grade	Date of Birth
Home Address		Home Telephone Number	Cell Phone Number
Father's Name		Mother's Name	
Home Phone	Work Phone	Home Phone	Work Phone

ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Work Phone	Home Phone	Work Phone
Additional Emergency Contact		Additional Emergency Contact	
Home Phone	Work Phone	Home Phone	Work Phone

HEALTH & MEDICAL INFORMATION

Physician's Name	Phone Number
Insurance Company or Medicaid	Policy Number

Please indicate existing health conditions listed below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Irritable bowel | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Seizures | <input type="checkbox"/> Bipolar |
| <input type="checkbox"/> ADD/ADHD/TDA/TDAH | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Severe Allergic Reaction |
| <input type="checkbox"/> Other medical condition(s): _____ | | |

List any medication(s) that your child takes:

List specific allergy problems: Food allergies: Drug allergies:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent to treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Antioch Fellowship Missionary Baptist Church

**PARENT/GUARDIAN - RELEASE FORM
REQUIRED FOR STUDENT PARTICIPATION IN
K. D. WESLEY 2019 SUMMER YOUTH PROGRAM AND
FIELD TRIP/TOUR/EXCURSION**

(Child's Name) _____ is my child and is now under my control and in my custody.

I/we desire my child to participate in the Antioch Fellowship Missionary Baptist Church K. D. Wesley 2019 Summer Youth Program. In consideration of my child being accepted by the Antioch Fellowship Missionary Baptist Church K. D. Wesley 2019 Summer Youth Program, I/we hereby relieve and release Antioch Fellowship Missionary Baptist Church, its directors, officers, employees, agents, and servants, together with those persons assisting with any phase of the K. D. Wesley 2019 Summer Youth Program, from any and all liabilities, claims, and responsibilities for my child participating in the K. D. Wesley 2019 Summer Youth Program. I/we further release all of these parties from liability, by reason of any accident or injury suffered by my child while participating in the K. D. Wesley 2019 Summer Youth Program.

I/we desire my child to go on any and all field trips/tours/excursions and participate in any and all activities of the Antioch Fellowship Missionary Baptist Church K. D. Wesley 2019 Summer Youth Program. I/we agree that in allowing my child to go on these trips that I/we will hold Antioch Fellowship Missionary Baptist Church, its Directors, officers, employees, and servants, together with those persons assisting with any phase of the Summer Youth Program harmless from any and all liability, claims, and responsibility for making such trips and activities. I/we further release all of these parties from liability, by reason of any accident or injury that might occur while on the trips or participating in such activities.

The undersigned further hereby agree to indemnify and hold Antioch Fellowship Missionary Baptist Church, its directors, officers, employees, agents, and servants harmless from all claims hereinafter made or asserted on behalf of said child-participant.

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Telephone Number

Address

City, State & Zip Code

PARENT/GUARDIAN APPROVAL FORM

PARENT'S Password: _____

Child (1): _____ Age: _____

Child (2): _____ Age: _____

Child (3): _____ Age: _____

Please list person(s) that have your permission to pick-up your child/children from SYP.

1. (Parent) Name: _____

(TX Driver's License No.): _____

2. (Parent) Name: _____

(TX Driver's License No.): _____

3. (Parent) Name: _____

(TX Driver's License No.): _____

4. (Parent) Name: _____

(TX Driver's License No.): _____