

2017 NEW HOPE SUMMER BLAST APPLICATION

130 Delaware Street, SW ~ Grand Rapids, MI 49507 616.452.4278 office ~ 616.452.0644 fax ~ www.newhopegr.org Howard C. Earle, Jr., D.Min. ~ Senior Pastor

New Hope Baptist Church is hosting a six-week Summer Blast Program Monday through Friday of each week from **June 12 until July 21 2017**, for students entering grades K through 6 in the fall of 2017. The program will convene 7:30 a.m. - 5:30 p.m. daily. If you are unable to pick up your child by 5:30 p.m., after-care is available until 6 p.m. for \$15.00 for each 15 minutes and \$30.00 each half hour. The cost is \$75 per week for New Hope members and \$90 for non-New Hope members with a \$50 non-refundable application fee for New Hope members due at the time of filling out the application. Checks should be made payable to New Hope Baptist Church.

Breakfast is served 7:30 a.m. - 7:45 a.m.

Please check the week(s) your child/ren will be pacertain week, please do not check that week.	articipating; if you are unsure or will be on vacation a
Week 1: June 19 - June 23, 2017	Week 5: July 17 - July 21, 2017
Week 2: June 26 – June 30, 2017	Week 6: July 24 - July 28, 2017
Week 3: July 3 - July 7, 2017	
Week 4: July 10 - July 14, 2017	
Please complete one application per child.	
Check here if you are submitting an application fo	or more than 1 child; if so, how many?
Student's Name:	
T . (T) 4 / 4 / 1 / 1	
Male Female	Grade in Fall:
Address:	
City:	State: Zip:
Home Phone:	Cell:
School Name:	
School District:	
Allergies:	
Food Restrictions:	
Insurance Provider:	Card/Member #:
Please check Child's T-Shirt Size:	
YS YL AS	AL A1XL A3XL
YM AM	A2XL A4XL

Home Phone:	Cell:
Email Address:	
Emergency Contact:	Phone:
Emergency Contact:	Phone:
Parent Initials:	
***********	********************
Consent for Treatment:	
I	hereby allow New Hope Baptist Church to seek
(Parent/Guardian's Name	hereby allow New Hope Baptist Church to seek
emergency treatment for my child,	(Child's Name) until I arrive. In case
of emergency, the name of hospital pre	eferred
absence.	tist Church to seek emergency treatment for this child in my
Consent for Trips:	
I	hereby give my permission for my child,
*	c)
I	hereby give my permission for my child, to participate in field trips and off-site activities.
I (Parent/Guardian's Name)	to participate in field trips and off-site activities.
I (Parent/Guardian's Name)	c)
I (Parent/Guardian's Name) (Child's Name) I do not authorize this child to part	to participate in field trips and off-site activities. rticipate in field trips and off-site activities.
I (Parent/Guardian's Name) (Child's Name) I do not authorize this child to particular for Picture and/or Video Release	to participate in field trips and off-site activities. rticipate in field trips and off-site activities. se:
I (Parent/Guardian's Name) (Child's Name) I do not authorize this child to pare	to participate in field trips and off-site activities. rticipate in field trips and off-site activities. se:
I (Parent/Guardian's Name) (Child's Name) I do not authorize this child to particular for Picture and/or Video Release	to participate in field trips and off-site activities. rticipate in field trips and off-site activities. se: hereby allow New Hope Baptist Church to take
I (Parent/Guardian's Name) (Child's Name) I do not authorize this child to part Consent for Picture and/or Video Release I (Parent/Guardian's Name) pictures and/or video images of my child,	to participate in field trips and off-site activities. rticipate in field trips and off-site activities. se: hereby allow New Hope Baptist Church to take (Child's Name)
I (Parent/Guardian's Name) Consent for Picture and/or Video Release [Parent/Guardian's Name] pictures and/or video images of my child, during activities in the 2017 Summer Program	to participate in field trips and off-site activities. rticipate in field trips and off-site activities. se: hereby allow New Hope Baptist Church to take (Child's Name) gram to be used for publicity and promotion.
I (Parent/Guardian's Name) (Child's Name) I do not authorize this child to pare Consent for Picture and/or Video Release I (Parent/Guardian's Name) pictures and/or video images of my child, during activities in the 2017 Summer Prog	to participate in field trips and off-site activities. rticipate in field trips and off-site activities. se: hereby allow New Hope Baptist Church to take (Child's Name)
I (Parent/Guardian's Name) I do not authorize this child to pare Consent for Picture and/or Video Release I (Parent/Guardian's Name) pictures and/or video images of my child, during activities in the 2017 Summer Program. I do not authorize this child to be Summer Program. I have been informed that my child will be un disciplinary matters, program personnel will necessary. I will also make myself available	to participate in field trips and off-site activities. rticipate in field trips and off-site activities. se: hereby allow New Hope Baptist Church to take (Child's Name) gram to be used for publicity and promotion.