

FUMC Weekday Ministries

200 W. Lampkin St., Starkville, MS 39759

Tel 662-323-7382 Fax 662-338-3396

weekday@first-umc.org

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**SUMMER CAMP WAITING LIST APPLICATION – Accepting after January 1 for following summer
COMPLETED KINDERGARTEN THROUGH COMPLETED 4th GRADE ONLY!**

Child's name _____ Child's DOB ____/____/____

Age on 6/1/ 2021 _____ Grade Completed _____ School Attended: _____

Mother's Name: _____ Email: _____

Mother's Cell Phone: _____ Cell Phone **Provider:** _____

Father's Name: _____ Email: _____

Father's Cell Phone: _____ Cell Phone **Provider:** _____

IEP? YES NO Special Services? YES NO Medical Needs? YES NO

Starkville FUMC Member: Yes No **Sibling currently enrolled in WDM:** Yes No

Please Note:

- Applications will be filed in order of date/time received using Weekday Ministries priority guidelines.
- Once position is verbally accepted, you will have 48 hours to complete enrollment packet and pay registration fee of \$150.

By SIGNING BELOW, I understand when an opening for my child becomes available, First United Methodist Church Weekday Ministries (WDM) will attempt to contact me by using the information provided for a period of 24 hours. If I cannot be reached or if I do not respond to the notification, WDM will contact the next name on the waiting list. WDM will make 3 offer attempts, which if declined or ignored, will nullify this application. I also agree that if my contact information changes, it is my responsibility to contact WDM with current information.

Parent's Signature _____ Date ____/____/____

For office use only

Date Received ____/____/____ Time: _____ AM/PM Staff Initials _____

Attempt 1: _____ Attempt 2: _____ Attempt 3: _____