GREATER MT. NEBO CHRISTIAN ACADEMY
1001 OLD MITCHELLVILLE ROAD
BOWIE, MD 20716
ACADEMIC ENRICHMENT PROGRAM APPLICATION

Complete an application form for each child. <u>All</u> GMNCA students must be registered.

Child's Name _____ _____ ____ ____ M/F _____
Last First MI DOB Gender Grade

Address _____
Street City State Zip

Home Phone _____

Parent Information

Father's/Guardian's Name _____
Home Address _____
Home Phone _____ Work Phone _____ Cell _____
Employer _____
Work Address _____
E-mail Address _____

Mother's/Guardian's Name _____
Home Address _____
Home Phone _____ Work Phone _____ Cell _____
Employer _____
Work Address _____
E-mail Address _____

Mother is: __ living at child's address __ separated __divorced __ single __ deceased
Father is: __ living at child's address __ separated __divorced __ single __ deceased

Custodial Parent (if applicable) _____

List any siblings attending this program.

_____ _____
_____ _____

Allergic Reactions _____

Emergency Contact If Parents Can Not Be Reached

Name _____ Home Phone _____
Work Phone_____ Cell Phone _____

Names of persons that have permission to pick up your child (must be 18 or older and have a picture ID). No child will be released to any person not on this list **<u>unless</u>** we receive written permission and a phone call from the parent prior to pick up.

_____ _____
_____ _____

Payments should be sent to: Pamela Hayes, CPA, 215 Tor Bryan Road, Fort Washington, MD 20744, 301-839-7585 (voicemail) (Due first day of each month)

___ My child will be attending the AM and PM program (Additional $250 per month).
___ My child will be attending the AM program only (Additional $90 per month).
___ My child will be attending the PM program only (Additional $200 per month).
___ My child will be attending the AM and/or PM program only as needed ($5.00 per hr.)

Parent Signature_____ **Date** _____