



PTM 1st-8th Summer Program 2022

McGruder Family Resource Center
2013 25th Avenue North

Thank you for your interest in applying for enrollment in one of PTM's Summer Programs. Summer programs will provide academic development (reading and math), Bible, arts and crafts, outside play, and field trips.

To apply for PTM's summer program, please submit this form below along with the \$30 per family fee. You will be contacted by a staff member to collect payment or to be added to the Wait List the week of April 15th.

June 7th- July 22nd (Tuesday-Friday)

Program Hours: 9:00-3:00

Cost: \$30/family

Grades: Rising 1st-Rising 8th

Important Notes:

- Door opens at 9am, students must arrive before 9:30 to participate that day (no transportation provided to PTM)
- PTM provides transportation home to all students in zone
- Some students will have an opportunity to attend a partner camp

Child Name: _____ Age: _____ Grade (Fall 2022) _____

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Interested in special day camp experience with Pinecove, Barefoot or CWM camp. (yes/no) _____

Parent Name: _____ Cell #: _____

Drop Off Address: _____ Zip Code _____

Emergency #: _____ Allergies or Medical Concerns per child: _____

I give permission for my child to participate in Preston Taylor Ministries summer program and related field trips and camps. I release, relieve, and hold harmless PTM, its employees, its Board of Directors, and its volunteers from any and all liabilities including injury to persons arising from child's participation in PTM-sponsored activity. I agree to hold PTM free and harmless of any claims, demands, or suits arising from the giving of emergency medical consent as long as the treatment is administered by or under the supervision of a licensed physician.

Parent Signature: _____ Date: _____

I give my permission for photographs, video, or other images of my child to appear in publications or materials approved by PTM.

Parent Signature: _____ Date: _____

Preston Taylor Ministries receives a portion of our funding from outside grants. Documentation of family income is a requirement for us to receive these funds. Please give us an honest account of your family's income (before taxes).

Your child will not be disqualified for this program because of income, so please be as accurate and honest as possible. _____

Do you reside in public housing? _____ Number of persons living in your household _____

TERMS OF ACCEPTANCE and SIGNATURE

I, the parent or guardian of the above-named child(ren), warrant the truthfulness of the information provided in this application. Please sign your first and last name.

Parent Signature: _____ Date: _____