Word On Wednesday (W.O.W) Enrollment

2026 – 2027 School Year

Name of Parent:_____

Name of Student(s):	Age	Birth Date	Grade	School
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____

Home Address:_____

Email:_____ Phone:_____

Work Phone:_____

Alternate Contact:_____Phone:_____

_____I can have my child at church by 3:15

_____I can pick up other children at my child's school.

_____I would like my child/children picked up at their school.

I am available to help in the W.O.W. program by: _____helping with homework time; _____helping with crafts; _____helping with recreation; _____teaching a Bible Study; _____table parent; _____kitchen clean-up

Fees are: $30 for (1) child per semester
$40 for (2) children
$50 for (3) or more children
Scholarships are available upon request to Pastor Mark or Debbie Shelton.

Permission is given to the W.O.W. program to post, print, or publish pictures of my child(ren) in local or other social media. In case of medical emergency, I understand that every possible effort will be made to contact parents, guardians, or the alternate contact listed above. In the event I cannot be reached, I give permission to the adult leadership at the Manchester Cumberland Presbyterian Church to secure medical treatment.

X _____

Signature of Parent/Parents or Guardian Date

Special Information: Include allergies, dietary restrictions, medical or custody information. Use the back of this form if necessary. _____

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