

Davis Memorial African Methodist Episcopal Church  
4137 West 21<sup>st</sup> Avenue  
Gary, Indiana 46404  
219-944-9840  
Rev. Gwendolyn Sanders, Pastor

**Enrichment Ministry Permission Form  
Grades Pre-K-8**

Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Person(s) responsible for picking up and dropping off student:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

**Parental Responsibility Statement**

I give permission for my child to attend the Enrichment Ministry at Davis Memorial A.M.E Church. My child has been told the value of this program, the need to cooperate with tutors and volunteers, and proper conduct.

I will be responsible for seeing that my child arrives prepared to learn and on time. I will see to it that my child is picked up on time, as well. I will notify the program immediately if the person(s) scheduled to deliver and/or pickup my child changes at 219-944-9840.

In addition, I volunteer to support this program by (Check all to apply):

\_\_\_ Assist with the program on first Saturdays from 11:00a.m.-1:30p.m.

\_\_\_ Assist with the program on third Saturdays from 11:00a.m.-1:30p.m.

\_\_\_ Assist with the program by donating healthy snacks for the youth.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_