



Methodist Children's Academy  
**Registration Form**  
Full Day Program  
2016 - 2017 School Year

Child's Name \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_ Age (as of September 1, 2016) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**GUARDIAN CONTACT INFORMATION**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Are you a member of First United Methodist Church?**  Yes  No

**Child lives with**  Both Parents  Mother  Father  Other

**EMERGENCY CONTACT (OTHER THAN CHILD’S PARENTS)**

*Must include a minimum of 2. Please include name, phone number and their relationship to your child.*

1) _____	_____	_____
Name	Phone Number	Relationship
2) _____	_____	_____
Name	Phone Number	Relationship
3) _____	_____	_____
Name	Phone Number	Relationship

**MEDICAL PERMISSION WAIVER**

*In case of illness or emergency to my child while attending MCA, I hereby give the staff permission to administer first aid, and if necessary in their judgment, to take my child to any hospital for necessary treatment or call a doctor of their choice to treat my child. I further agree to assume all costs resulting from the above action. It is my understanding that the staff of the school will attempt, if possible, to honor my following preferences as to the doctor and hospital prior to taking the above action.*

Physician’s Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Special Needs \_\_\_\_\_

Other medical needs to be aware of \_\_\_\_\_

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

**DISCIPLINARY PRACTICES**

Initial Here \_\_\_\_\_

*At the Methodist Children’s Academy there is no corporal punishment. Children are removed from activities until they are able to cooperate. Children are encouraged to work through their own conflicts.*

**CHILDCARE BROCHURE**

Initial Here \_\_\_\_\_

*You should have received the brochure “Know Your Child Care Facility” in addition to this registration form. By signing this form below, you acknowledge that you have received, read, and understand all the information included in this brochure.*

**SIGN-IN AND SIGN-OUT POLICY**

Initial Here \_\_\_\_\_

*Please be advised that The Department of Children and Families has now mandated that childcare centers maintain accurate sign-in and sign-out records for children attending childcare programs. Fines will be levied on centers not fulfilling the requirements and could possibly result in the center’s license being revoked. In an effort to minimize violations, we will be periodically auditing our records. If your child has not been signed in or out daily, you will receive a warning and then a fee of \$25. If you habitually forget to sign your child in or out, we will ask you to remove your child from our program. If you have someone else bringing your child to school or picking them up, that person is responsible for signing your child in and out for the day.*

**LATE PICK-UP POLICY**

Initial Here \_\_\_\_\_

*Our hours of operation are 7:00am until 5:00pm. VPK hours are 9:00am until 12:00pm Noon. Your account is assessed our late fee as stated below if your child is not signed out by closing. A late fee of \$1 per minute per child will be charged for the first five minutes of tardiness after the designated pick up time. The rate increases to \$5 per minute per child after that. Beginning with your third late notice, your late fee will go to \$50 per child until 6:00pm regardless of whether you are one minute or ten minutes late and then will increase to \$10 per minute after that. After your fifth late notice, you will be asked to find a program that better suits your needs. If there is a discrepancy between what you sign out as your time and the actual time, the director will have to log your time and ask you to initial it. If habitual tardiness continues, we reserve the right to dismiss your child from the program.*

**I have read and understand the registration form and agree to adhere to all Methodist Children’s Academy policies as stated in the MCA handbook, which I have received.**

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_