



Methodist Children's Academy
Registration Form
After School Care

[] Full Time [] Early Pick-Up

Child's Name _____
Last First Middle

Birthdate _____ Entering Grade Level (upcoming year) _____

School Attending _____ Gender (circle) M F

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 (_____) _____

Member of First UMC? Yes No

If no, list church you attend, if applicable _____

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.

KNOW YOUR CHILD CARE FACILITY

Initial Here _____

I have read the “Know Your Child Care Facility” section in the Parent Handbook. By signing this form below, you acknowledge that you have received, read, and understand all the information included in this section.

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 _____

Hours of operation are from the time of school dismissal until 5:50pm or the time of school dismissal until 4:00pm for early pick up. Your account is assessed a late fee if your child is not signed out by closing. A late fee of \$1 per minute per child is 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 (or 4:10pm) 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.

RECORDS ACCESS

Initial Here _____

I give my consent for all childcare personnel to have access to my child’s records at the Methodist Children’s Academy.

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 _____