

FUMC After School Care Enrollment Application

Child's Name _____
First Last Name to be called

Gender: () Male () Female

Date of Birth ____/____/____

Grade(as of August 2024) _____

Parent/Guardian Information

Parent/Guardian 1

Last Name: _____ First Name: _____

Home Address: _____

Mailing Address: _____

Home Phone: () _____ Cell Phone: () _____

Employer: _____ Work Phone: () _____

Email: _____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed

Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent

Parent/Guardian 2

Last Name: _____ First Name: _____

Home Address: _____

Mailing Address: _____

Home Phone: () _____ Cell Phone: () _____

Employer: _____ Work Phone: () _____

Email: _____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed

Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent

FUMC After School Care Payment of Fees Policy

Failure to pay the weekly fee will result in a reminder to be sent home to the parent. If the parent becomes two weeks behind on payment, the director will request in writing that the child's tuition become up to date. A \$20 late fee will be assessed when tuition is two weeks late. Non-payment of fees will result in dismissal from the program.

School year registration fee	\$50.00 per child
Tuition: One child	\$45.00 per week
Second child	\$40.00 per week
Third child	\$35.00 per week
Drop-in child	\$15.00 per day (must be paid when child is picked up)

_____ Date ____/____/____
Signature of Parent/Guardian

For Office Use:

- Fees received _____ Registration Fee _____ Ck# _____
- 121 Form Received
- Enrollment date ____/____/____
- Staff Initials _____

Parent Signatures

Parents, please supply a complete response to each item on this form. The information below is requested by the Mississippi Department of Health (MSDH).

According to MSDH regulations each child in a licensed childcare facility must have a current 121 form on file in order to attend. I agree to provide FUMC After School Care with a current 121 Immunization Form upon enrollment and agree to provide current 121 forms as my child's immunizations are updated.

Signature of Parent/Guardian

I have been provided a Parent Handbook and MSDH Regulations Summary for Parents (Included in the Handbook) and agree to read and comply with all said policies and procedures.

Signature of Parent/Guardian

I agree to have my family information available for classroom use. (Birthday Invites, etc.). () YES () NO

Signature of Parent/Guardian

Parents are responsible for providing sunscreen. I give permission for the FUMC After School Care staff to apply sunscreen to my child as needed. This permission is granted through the duration of this agreement.

- I am sending my own labeled sunscreen in a plastic bag.
- Please do not apply sunscreen to my child.

Signature of Parent/Guardian

Parents are responsible for providing insect repellent. I give permission for the FUMC After School Care staff to apply insect repellent to my child as needed. This permission is granted through the duration of this agreement.

- I am supplying labeled insect repellent and directions for administration, in a plastic bag labeled with my child's name.
- Please do not apply insect repellent to my child.

Signature of Parent/Guardian

Parents are responsible for coming to administer medication if needed.

Signature of Parent/Guardian

My Child may be:

Photographed at the center for center use. (Brochures, FUMC Website FUMC Social Media, etc.)

Signature of Parent/Guardian

Given emergency medical treatment if needed. YES NO
If no, provide instructions.

Signature of Parent/Guardian

Allergies

List any allergies (including food) and any special precautions or treatment indicated for these allergies. A doctor's note **must** be provided if your child has been diagnosed with an allergy. **If none, please write "none" and initial.**

Additional Information

List any special needs of the enrolling child:

Emergency Contacts & Authorized Pickup Persons

****These are contacts IN ADDITION TO Parents/Guardians****

Should you need to add anyone else to the Emergency Contact/Pickup list, you may do so at any time.

Contact/Pick-Up 1

Last Name: _____ First Name: _____
Relationship to Child: _____ Home Phone: () _____
Cell Phone: () _____ Work Phone: () _____
 Emergency Contact Authorized to pick up

Contact/Pick-Up 2

Last Name: _____ First Name: _____
Relationship to Child: _____ Home Phone: () _____
Cell Phone: () _____ Work Phone: () _____
 Emergency Contact Authorized to pick up

Contact/Pick-Up 3

Last Name: _____ First Name: _____
Relationship to Child: _____ Home Phone: () _____
Cell Phone: () _____ Work Phone: () _____
 Emergency Contact Authorized to pick up

Contact/Pick-Up 4

Last Name: _____ First Name: _____
Relationship to Child: _____ Home Phone: () _____
Cell Phone: () _____ Work Phone: () _____
 Emergency Contact Authorized to pick up

Review of Enrollment Application

I have reviewed my child's **Enrollment Application** and all information is current, complete, and accurate. FUMC may end enrollment at any time deemed necessary, if FUMC cannot meet the individual needs of my child.

_____ Date ____ / ____ / ____
Signature of Parent /Guardian