

*For office use only:*  
Date Received \_\_\_\_\_  
Registration fee \_\_\_\_\_ Ck# \_\_\_\_\_

**MINISTRY 22:6**  
**Student Registration**  
**Before/After School Care**  
**First United Methodist Church Mocksville**

Name \_\_\_\_\_ Grade Entering \_\_\_\_\_ Birth Date / / \_\_\_\_\_

Male/Female T-Shirt size: Child – S M L XL Adult – S M L XL

School \_\_\_\_\_

Name \_\_\_\_\_ Grade Entering \_\_\_\_\_ Birth Date / / \_\_\_\_\_

Male/Female T-Shirt size: Child – S M L XL Adult – S M L XL

School \_\_\_\_\_

Name \_\_\_\_\_ Grade Entering \_\_\_\_\_ Birth Date / / \_\_\_\_\_

Male/Female T-Shirt size: Child – S M L XL Adult – S M L XL

School \_\_\_\_\_

Before School Care (If not enrolled in After School Care) \_\_\_\_\_ \$35

Before School Care (If enrolled in After School Care) \_\_\_\_\_ \$25

Part Time After School Care (up to three days) \_\_\_\_\_ \$115

Full Time After School Care (four or more days) \_\_\_\_\_ \$165 for first child, \$150 for each additional child

Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail address: \_\_\_\_\_

If parents cannot be reached, in an emergency call: \_\_\_\_\_

Phone(s) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Carrier and policy number \_\_\_\_\_

Does your child take daily medications? \_\_\_\_\_ If so, please list them and reason for taking the medication:

\_\_\_\_\_

Does your child have allergies or any medical conditions that our staff should be aware of? \_\_\_\_\_

\_\_\_\_\_

Name of person (s) who have permission to pick your child up from after school care: \_\_\_\_\_

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Name	Relationship to Child	Phone #
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Name	Relationship to Child	Phone #
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Name	Relationship to Child	Phone #
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How would you describe your child's personality? How does he interact with other children? Adults/authority?

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Please share with us any information that would be helpful to us in insuring your child has a great after school care experience: (i.e. interests/hobbies, dislikes, has two families/homes and may have a difficult time after coming back from the other home, etc. )

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## **POLICIES**

### **Payments**

- Payment is due on the first of each month for that month; August tuition is due with registration. Registration is \$50 per student. August tuition for full time students is \$45 and for part time students it is \$35. A late fee of \$25 will be charged if payment is not received by the 8<sup>th</sup> of each month.
- Account balances that are late are subject to a late fee.
- If your bank returns a check due to insufficient funds, immediate payment is due to keep your child's account up to date. A \$25 fee will be charged for each returned check. If you have two returned checks in a 6-month period, you will no longer have check privileges and will be required to pay program fees in cash, in advance.
- Non-attendance does not entitle one to a refund regardless of illness, vacation, or weather cancellations.
- All Day Care cost is \$20 per session. We are open for All Day Care on most school holidays and for teacher workdays and breaks. On days that school is delayed or closed due to inclement weather, we will make the decision we see best fit as to what hours we will open or if we will be closed. We are also open at 1pm for Early Release days as well at no additional charge.

**Permissions**

**Emergency Care/First Aid**

\_\_\_\_ I give permission for the Director of First United Methodist Church Childcare Ministries or other personnel designated by the Director, to give or authorize emergency medical treatment or first aid or to take my child to a doctor or to the ER if necessary. I will not hold First United Methodist Church Childcare Ministries, or any staff of the church or after school care responsible in the event of an accident, injury, loss, or death.

\_\_\_\_NO

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Parent/Guardian Signature

Date

**Media**

\_\_\_\_ I permit FUMC and its Childcare Ministries to publish images of my child (ren) in internal and external material including printed material, print advertising, and promotional videos, and to Publish pictures and videos on the First United Methodist website or Facebook page. I also permit the use of my child (ren)'s image in broadcast and print media news coverage of FUMC. I understand that my child's name is not published.

\_\_\_\_ No, FUMC does not have my permission to use images of my child.

**Movies**

\_\_\_\_ I permit my child to watch PG movies.

\_\_\_\_ No, I do not want my child watching PG movies.

**Children's Choir---ONLY APPLICABLE FOR ELEMENTARY STUDENTS**

\_\_\_\_ I would like my child(ren) to participate in Tuesday afternoon choir. I understand that a FUMC Childcare staff will get them to and from choir. The choir performs a Christmas program and performs a few other times during the school year on Sunday Mornings.

\_\_\_\_ No, I do not want my child(ren) to participate in choir.

**Other**

- I understand that FUMC Mocksville and their staff or volunteers are not responsible for any accidents, injury or loss or damage that my child may obtain while attending After School Care or Summer Day Camp, and agree to hold FUMC Mocksville and their staff or volunteers harmless from any liability they may incur.
- Participants are responsible for their own accident insurance while attending First United Methodist Church After School Care or Summer Day Camp.
- FUMC is not responsible for any items that are lost or stolen.
- FUMC does not normally administer any medications and will only do so when proper written documentation, together with written parental consent giving that permission for such emergency medications as administration of an epi-pen injection. Such medication must be supplied by the parent in all cases. In the event of an emergency in which the parent cannot be contacted, local public Emergency Medical Staff and FUMC may take the appropriate action in the best interest of the child.

I have read, understand, and agree to all the policies stated above and know that additional information on these policies can be found in the Family Handbook.

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Parent/Guardian Signature

Date