



## Registration Form for Enrollment

School Year 2020-2021

Registration Fee \$125 \_\_\_\_ (additional children \$75) Cash/Check # \_\_\_\_\_ Amount \_\_\_\_\_

Date Form Received: \_\_\_\_\_ (to be filled out by MKA Staff)

Class Options: Choose One

Infants: 2 Day \_\_\_ M/T \_\_\_ W/TH 3 Day \_\_\_ T-TH 4 Day \_\_\_ M-TH

12-18 Months: 2 Day \_\_\_ M/T \_\_\_ W/TH 3 Day \_\_\_ T-TH 4 Day \_\_\_ M-TH

18-24 Months: 2 Day \_\_\_ M/T \_\_\_ W/TH 3 Day \_\_\_ T-TH 4 Day \_\_\_ M-TH

Twos: 3 Day \_\_\_ T-TH 4 Day \_\_\_ M-TH

Threes: 3 Day \_\_\_ T-TH 4 Day \_\_\_ M-TH

Fours: 3 Day \_\_\_ T-TH 4 Day \_\_\_ M-TH

*All classes are subject to change depending on enrollment.*

Tuition and Fees:

Nonrefundable Registration Fee \$125 (Due with registration form to ensure a spot)

A supply list will be given for each age level.

2 Days- \$150 per month

3 Days- \$165 per month

4 Days- \$185 per month

These payments would be due by the 10th of each month, beginning with September 2020 and continuing through May 2021.

Information:

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age by Sept. 1 \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone: C \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_

Email: Mother \_\_\_\_\_ Father \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone: C \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_

List brothers and sister of child:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**CODE WORD** for Pick Up: \_\_\_\_\_

Who is authorized to bring your child and pick your child up from M Kids Academy?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

List any names of persons who may **NOT** pick your child up from M Kids Academy. (**Documentation is required and must be kept on file**)

First and Last Name \_\_\_\_\_ Documentation Received \_\_\_\_\_

In case of an emergency and you cannot be reached, list contacts whom we may call:

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mt. Horeb Church Member Yes \_\_\_ No \_\_\_ Attending Elsewhere? \_\_\_\_\_

Does child attend Sunday School? Yes \_\_\_ No \_\_\_

**Medical Information:**

Yes \_\_\_ No \_\_\_ Does your child have any allergies or reoccurring infections that we should be aware of?

Yes \_\_\_ No \_\_\_ Is your child free from communicable diseases?

Yes \_\_\_ No \_\_\_ Is your child up to date on immunizations?

Yes \_\_\_ No \_\_\_ Does your child bite others?

Yes \_\_\_ No \_\_\_ Can your child manage clothes and bathroom needs? (*3 and 4 year old children must be potty trained*)

Yes \_\_\_ No \_\_\_ Does your child reside with both parents? *If court papers exist, we MUST have a copy on file.*

Please list any medical instructions you feel we need to be aware of including food allergies, physical limitations, and/or medical conditions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**M Kids Academy will not administer any medication unless a medical form is filled out by the parent.**

**M Kids Academy**  
**Medical Information:**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

In case of an emergency, it is necessary that we know the fastest way to contact you. Please give us the following information.

**Emergency Contact Information**

Father and/or Mother or Guardian Name:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Medical Insurance Information:**

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\* Please list any special needs and concerns, allergies, or significant medical information:

\_\_\_\_\_  
\_\_\_\_\_

**Please Circle: These will be available at Registration.**

**I Do/Do Not need to fill out a medical form to administer medicine for my child.**

**I Do/Do Not need to fill out a medical form for use of an Epi-pen.**

**I Do/Do Not need to fill out a food allergy form for my child.**

MT. HOREB UMC

PHOTO/VIDEO/AUDIO MEDIA CONSENT FORM

As Legal Guardian, I, \_\_\_\_\_, hereby authorize MT. HOREB United Methodist Church to create, use, reproduce, and publish photographs and/or video that may pertain to me or those under my legal guardianship—including my/their image, likeness and/or voice without compensation. I understand that this material may be used in various publications, broadcast public service promotions or for other ministry related endeavors. This material may also appear on Mt. Horeb’s website, official social media accounts and digital media platforms. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, Mt. Horeb may publish materials, use my/their name, photograph and/or make reference to me/them in any manner that Mt. Horeb deems appropriate in order to promote/publicize ministry and or service opportunities.

I also understand that I am to receive no compensation for this appearance. Mt. Horeb shall have complete ownership of the photographs, video, audio and other associated media elements. I give Mt. Horeb the right to use my name, likeness and biographical material and that of those under my legal guardianship for the program, promotion and service of Mt. Horeb.

Mt. Horeb may:

1. Photograph and film me and those under my legal guardianship and record my/their voice and likeness for the purpose of the production mentioned above, whether by film, videotape, magnetic tape, digitally or otherwise;
2. Make copies of the photographs and recordings so made;
3. Use my name and likeness and those under my legal guardianship for the purposes of education, promotion or advertising of the sale or trading in the photographs, recordings and any copies so made.

I further understand the original photograph and/or video contents remains the property of Mt. Horeb and that there will be no restrictions on the number of times that my name and likeness may be used.

Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_ Name(s)  
of children \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

Signature:

\_\_\_\_\_ Date \_\_\_\_\_