



Registration Form for Enrollment
School Year 2022-2023

Date _____

Non-Refundable Registration Fee \$125 _____ (Sibling Fee \$75) _____ Cash/Check # _____ Amount _____

___ Current MKA Family ___ Mt. Horeb Church Member ___ Previous Child enrolled ___ New to MKA

Class Options: Choose the age that your child will be when starting MKA in September. All classes are subject to change depending on enrollment.

Infants:	3 Day ___ T-TH	4 Day ___ M-TH	Twos:	3 Day ___ T-TH	4 Day ___ M-TH
12-18 Months:	3 Day ___ T-TH	4 Day ___ M-TH	Threes:	3 Day ___ T-TH	4 Day ___ M-TH
18-24 Months:	3 Day ___ T-TH	4 Day ___ M-TH	Fours:	3 Day ___ T-TH	4 Day ___ M-TH

Monthly Tuition All Classes

3 Days: \$170 per month / 4 Days: \$190 per month

A Nonrefundable Registration Fee \$125 MUST accompany this form.

All classes will pay a yearly \$99 supply fee that will be due with September Tuition.

Tuition invoices will be sent home on the first of each month. All payments are due by the 10th, beginning with September 2022 and continuing through May 2023.

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: _____

Father's Full Name _____ Occupation _____

Telephone: C _____ H _____ W _____

Email: _____

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 MKids Academy?

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

List any names of persons who may **NOT** pick your child up from MKids 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: _____

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Health Information

The following information will go to your child's classroom teacher. Please be thorough with the information so that we can best know how to take care of your child.

Doctor's Name: _____

Doctor's Address: _____ Phone: _____

Medical Insurance Information:

Company Name: _____ Policy Number: _____

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.

Physical Health

Does your child have any allergies? Y/N If yes, please list the allergies and instruct us how to handle these allergies. (In severe cases, an allergy plan from your physician may be required)

Has your child had any health problems in the past? Y/N If yes, please explain.

Any current health issues or chronic illnesses that we should be aware of? (Asthma, earaches, eczema etc.)

Does your child take any medication regularly? Y/N If yes, what? _____

(Please refer to the parent handbook for information about administering medicine at school.)

Has your child ever been hospitalized? Y/N If yes, please explain.

Does your child have a disability that has been diagnosed? (Cerebral palsy, seizure disorder, developmental delay, speech delay, etc.)

Developmental Health

Do you have concerns about your child in any of the following areas: (Circle any that apply)

Eyes (seeing) Ears (hearing) Gross Motor (walking, running, moving) Fine Motor (use of hands in drawing, puzzles, small toys) Please explain any concerns you have in more detail:

Church Information

Regular Attender at Mt. Horeb UMC Yes or No Attending Church Elsewhere? _____

Would you like info. about Mt. Horeb UMC services? Yes or No

List of previous programs your child has attended:

How did you learn of our program? _____

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 _____