McGregor Early Learning Academy
2010-11 Registration Form

INFORMATION SETUP FORM

Child's Information

Name: _____ Sex: ___M ___F

Birth date: _____/_____/_____ Current Age: _____

Age as of September 1, 2010 (for placement purposes): _____

Desired Start Date: □ 2010-11 enroll □ other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: ( ) _____

With whom does the child live? _____

Known Allergies: _____

Mother's Information

□ Biological Mother □ Step □ other _____

Name: _____ Marital Status □ M □ S □ Sep □ Div

Company: _____ Position: _____

Work Phone #: ( ) _____ Cell Phone#: ( ) _____

Email Address: _____ Checked throughout day? □ Y □ N

Father's Information

□ Biological Father □ Step □other _____

Name: _____ Marital Status □ M □ S □ Sep □ Div

Company: _____ Position: _____

Work Phone #: ( ) _____ Cell Phone#: ( ) _____

Email Address: _____ Checked throughout day? □ Y □ N

Office Use Only:

Class/ Age Group: _____ Rm. Assignment: _____

Start Date: _____ Monthly Tuition: $_____

Registration Fee: $_____ □ Pd. Date _____ □ ACH Form

Siblings in program: _____ Discount: _____

Tuition/20_____ x #_____ of days attended= 1st month $:_____

Comments: _____

Child's name: _____

Pick-up Approval List

Security Question: _____?
Answer: _____

Name: _____Relationship:_____Phone Number #: _____
Name: _____Relationship:_____Phone Number #: _____
Name: _____Relationship:_____Phone Number #: _____
Name: _____Relationship:_____Phone Number #: _____
Name: _____Relationship:_____Phone Number #: _____
Name: _____Relationship:_____Phone Number #: _____

The security question is an opportunity for the parents/guardian to provide a personalized question to the person(s) picking up as an extra step of security for McGregor Early Learning Academy to release your child to them.

Persons who are NOT permitted to pick-up child

(Please provide court ordered documentation for reason)

Name: _____
Comments:
_____
_____
_____

Are there any ongoing custody issues of which we need to be aware of? □ Yes □ No

If yes, please explain:
_____
_____

Child's name: _____

Picture Release

I give permission for McGregor Early Learning Academy to use my child's image/picture for special crafts, events, or other projects pertaining to the program.

_____ _____
Parent/Guardian Signature Date

Spiritual Information

Church attended: _____
Are you a member? _____

Describe your involvement in church activities:
_____
_____

Do you have any prayer requests which you would like us to pray for?
_____
_____

Proximity Fob Agreement:

All parents/guardians, regularly picking up, are required to possess a Proximity Fob to gain entrance to the facility. Two fobs, per family, are included in the registration fee. If lost or damaged you will be required to purchase a replacement Proximity Fob at $15 per Fob. In the event that your child is dismissed or withdrawn from the program, all fobs are to be returned to MELA.

I understand the above policy:
Parent/Guardian Signature:_____

Emergency Contacts:

Child's Name: _____

Emergency Contact (#1)

Name: _____ Relationship: _____

Phone #: _____ Alternate #: _____

Emergency Contact (#2)

Name: _____ Relationship: _____

Phone #: _____ Alternate #: _____

Emergency Contact (#3)

Name: _____ Relationship: _____

Phone #: _____ Alternate #: _____

Child's Physician: _____ Phone #: _____

Address:_____

Child's Dentist: _____ Phone #: _____

Address:_____

Medical Center Preference: _____

Insurance Information

Is child covered by insurance? □ Yes □ No

Insurance Company: _____

Policy Number #:_____ Insurance Phone #: _____

Get Acquainted Form

McGregor Early Learning Academy

Child's Name: _____

My favorite color: _____

My favorite food: _____

My least favorite food: _____

My favorite song: _____

I can do all these things by myself:

_____

I am special because:

_____

My nickname is: _____

I take naps daily: □ Yes □ No

I am afraid of: _____

Please list any foods that I cannot have: _____

_____

Please list any pertinent information, which you would like your child's teacher to know:

_____

_____

_____

_____

Allergy Information:

Known allergies: _____

Additional medical conditions:

_____

Has/Does child suffer from: (please list dates, if applicable)

□ Asthma □ Heart Condition □ Seizures □ Other:_____

Medical Release of Information:

I give my permission to McGregor Early Learning Academy to contact my child's physician in case of a medical emergency. My child's doctor may release any information that would be pertinent to the care of my child, in the event of a life threatening emergency.

Physician's name or group: _____
Address: _____
Phone Number: _____ Fax Number: _____

Should my child become ill or suffer an accident of any character while he/she is in the care of McGregor Early Learning Academy, the director will contact me immediately. In the event I cannot be reached immediately, designated employee(s) of the program will be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment, or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

Parent Signature: _____ Date: _____
Parent's printed name: _____

Medical Authorization:

I, hereby, authorize McGregor Baptist Church, McGregor Early Learning Academy to authorize and administer medical care to my child.

Child's Name _____

_____ _____
Parent/Guardian signature Date

_____ _____
Notary Public Signature Date

_____ _____
ID presented Notary expiration date
☐ Personally Known

Notary stamp/seal

Child's Name: _____

Authorization Agreement for Direct Payments (ACH Debit)

McGregor Baptist Church, McGregor Early Learning Academy:
I (we) hereby authorize McGregor Baptist Church, hereinafter called McGregor Baptist Church, to initiate debit entries to my (our)

□Checking Account or □ Savings Account *(select one)*

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provision of the U.S. las. Deductions may be taken on a monthly, on the 1st of each month.

Depository Name: _____ Branch: _____
City: _____ State: _____ ZIP: _____
Routing #: _____ Account #: _____

This authorization is to remain in fill force and effect until McGregor Baptist Church has received written notification from me (official Two Week Withdrawal Notice must be signed) of its termination in such time and in such manner as to afford McGregor Baptist Church and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

Date: _____ Signature: _____

Attach Voided Check Here

Payment Agreement

McGregor Early Learning Academy

Child's Name: _____

Person Responsible for payment: _____

I (we), agree to pay our child's tuition for the 2010-11 school year by ACH automatic debit, from my (our) checking or savings account.

Payee Signature: _____ Date: _____

Tuition Prices:

I understand that tuition prices for the 2010-11 school year have been derived from the days McGregor Early Learning Academy is open. All closings and holidays have been accounted for and will not be credited to my account during those billing cycle. I also understand I may use my vacation credits at this time if I choose to do so.

Parent Signature: _____

Parent/ Program Agreement:

I agree to follow all policies within the program, as outlined in the Parent Handbook. I understand my child's attendance is a privilege and if at any time the student or parent conduct, academic progress, or cooperation with McGregor Early Learning Academy authorities is not in keeping with the preschool policies and standards, then McGregor Early Learning Academy reserves the right to terminate your child's enrollment, at their discretion.

Parent Signature: _____ Date: _____

Parent's Printed Name: _____

Withdrawal Policy

I understand removing my child from McGregor Early Learning Academy, for any reason, requires a two-week written notice. Vacation time may not be applied towards a Two Week Withdrawal notice.

(Please refer to the Parent Handbook, form must be filled out)

_____ _____

Parent Signature Date