



A ministry of McGregor Baptist Church
 3750 Colonial Blvd.
 Ft. Myers, FL 33966
 Phone #: (239) 936-5015
 Fax #: (239) 689-2605
 Monday-Friday 7:00 am-6:00 pm
www.mcgregor.net/mela

2012-2013

Tuition

Effective August 1, 2012

	<u>Annual</u>	<u>Monthly</u>
Infants:	\$ 10200	\$850
Toddlers:	\$ 8400	\$700
2-Years:	\$ 8100	\$675
3-5 Years:	\$ 7800	\$650

****Tuition rates are calculated on an annual basis. For your convenience, we have offered a 12-month payment plan. Therefore, credits are not issued for pre-planned closures/holiday as outlined in the Parent Handbook.***

New Student Registration Fee: \$250.00 Second Child: \$225.00

Re-enrollment Fees (current students only):
 January 18, 2012 - February 29, 2012: \$150
 March 1, 2012 - March 31, 2012: \$200
 April 1, 2012 -December 31, 2012: \$250

All registration fees are non-refundable.

Classroom Ratios

Infants:	4:1	2's:	9:1
Toddlers:	6:1	3's:	13:1
Super Toddlers:	6:1	4's:	14:1

Support Staff Contact Information

Name	Title	Ext.	Email
Cherie Gaither	Director	1243	cherie.gaither@mcgregor.net
Liz Youngblood	Assistant Director	1044	liz.youngblood@mcgregor.net
Beth Facella	Accounting	1399	beth.facella@mcgregor.net
Merri Beth Harger	Administrative Secretary	1244	merribeth.harger@mcgregor.net
Erika Saavedra	Curriculum Coordinator	1247	erika.saavedra@mcgregor.net
Mona Cossairt	Receptionist	1248	mona.cossairt@mcgregor.net

McGregor Early Learning Academy
2012-13 Registration Form



INFORMATION SETUP FORM

Child's Information

Name: _____ Sex: ___M ___F
Birth date: ____/____/____ Current Age: _____
Age as of September 1, 2012 (for placement purposes): _____
Desired Start Date: 2012-13 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 #: _____

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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

(Court ordered documentation must be provided)

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 #: _____

Payment Agreement

McGregor Early Learning Academy

Child's Name: _____

Person Responsible for payment: _____

I (we), agree to pay our child's tuition for the 2012-13 school year by ACH automatic debit, from my (our) checking or savings account.

Parent Signature: _____ Date: _____

Tuition Prices:

I understand that tuition prices for the 2012-13 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: _____ Date: _____

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 my child's enrollment, at their discretion.

Parent Signature: _____ Date: _____

Parent's Printed Name: _____

Withdrawal Policy

I understand that 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

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

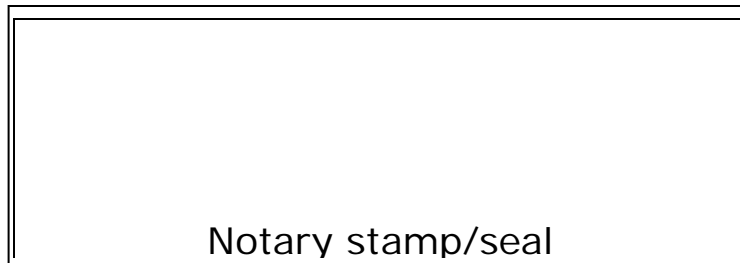
Notary Public Signature

Date

ID presented

Notary expiration date

Personally Known



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: _____

Child's Name: _____

_____ Re-enrollment only. Please initial this line AND sign and date this form, if all account information is to remain the same as we currently have on file.

All new enrolls must complete this form in its entirety.

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. laws. Deductions may be taken on a monthly basis, on the 1st of each month or as otherwise agreed upon.

Depository Name: _____ Branch: _____

City: _____ State: _____ ZIP: _____

Routing #: _____ Account #: _____

This authorization is to remain in full 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