

Sept 10,2007- Jan 31,2008
REGISTRATION

I would like my child to attend the Middle Collegiate Church AfterSchool Arts Center from Sept 10-Jan 31. I am enclosing a \$25 non-refundable registration fee and a \$50 materials fee. I understand that tuition payments are due the first week of each month and that I will be responsible for paying \$15.00 increments for every 15 minutes that I am late.

DAYS ATTENDING: (Please circle)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	Monthly Tuition:	5 days	\$250	
		4 days	\$200	
		3 days	\$150	

CHILD'S NAME: _____

ADDRESS: _____

PARENT'S NAME: _____

HOME PHONE: _____ PARENT'S WEEKDAY PHONE: _____

SCHOOL: _____ GRADE _____

CLASS: _____ TEACHER: _____

DATE OF BIRTH: ___/___/___ AGE: _____ GENDER: _____

SIGNATURE OF PARENT OR GUARDIAN

DATE

**I UNDERSTAND THAT MIDDLE'S AFTERSCHOOL
ARTS PROGRAM'S RULES
ARE AS FOLLOWS:**

- 1) We walk (**NOT RUN**) in the Art, Play and Hallway areas. (Depending on the game, some running is allowed in the Performance Space).
- 2) We **DO NOT PUNCH, HIT or OTHERWISE HURT EACH OTHER-** If **SOMEONE** is **REALLY BUGGING** us. We remove ourselves (**get away from that person!**) and tell someone immediately.
- 3) We must ask permission before leaving the room-even to go to our cubby.
- 4) We must all participate in the groups art activity, only after doing this and doing our part to clean up can we ask to have free play time.
- 5) We must sign out for the toys-and completely clean up after ourselves – even if our mom, dad (or whoever is getting us) come early and is in a rush!!! This clean-up rule also goes for the art materials you've used, snacks and lunch.
- 6) We do not hurt each others feelings with our words, instead we try to play fair, be nice to each other and share stuff.
- 7) If someone is saying mean things to you or anyone else, come tell the staff. Don't wait.
- 8) **Note:** On Monday's, Boy's Do Not Use Boy's Bathroom by staircase, instead use the bathroom marked children/staff.
- 9) We check the board at 5:00PM to see what our job for the day is, after we've completed it we can have our reading time (**sometimes there will be a special treat at that time**).

I've read and understand the rules for our space and each other. I also know that the staff will be marking notes on the back of our contracts about how I've been following (or not following them). I will try my best to remember and follow them.

CHILD'S SIGNATURE: _____

DATE: _____

Sept 07 – Jan 08

VACCINATION AND EMERGENCY DATA

VACCINES (PLEASE PROVIDE DATES)

DPT ___/___/___

OPV ___/___/___

TB TEST ___/___/___

MMR ___/___/___

HIB ___/___/___

EMERGENCY DATA

I HEREBY GIVE AUTHORITY TO THE MIDDLE COLLEGIATE CHURCH CHILDREN'S AFTERSCHOOL ARTS CENTER STAFF TO OBTAIN EMERGENCY MEDICAL TREATMENT FOR MY CHILD WITH THE UNDERSTANDIN THAT THE FAMILY WILL BE NOTIFIED AS SOON AS POSSIBLE.

SIGNATURE: _____

DATE: ___/___/___

RELATIONSHIP: _____

PERSON (S) TO CONTACT IN CASE OF EMERGENCY:

Name: _____

Relationship to Child: _____

Address: _____

Telephone: () ____ - ____ Home

() ____ - ____ Work

Name: _____

Relationship to Child: _____

Address: _____

Telephone: () ____ - ____ Home

() ____ - ____ Work

Name: _____

Relationship to Child: _____

Address: _____

Telephone: () ____ - ____ Home

() ____ - ____ Work

**AFTERSCHOOL PROGRAM
AUTHORIZATION FOR PICK UP**

CHILD'S NAME: _____

PARENT (S) NAME: _____

The following people are authorized to pick up my child from the Middle Collegiate Church Children's AfterSchool Arts Center. The Arts Center will not release the child to anyone whose name is not on the list. I will notify the office or the Director in writing if someone not on this list will be picking up my child.

SIGNATURE OF PARENT: _____

DATE: _____

AUTHORIZED ESCORTS

Name: _____ Relationship to Child: _____

Address: _____

Telephone: _____

Name: _____ Relationship to Child _____

Address: _____

Telephone: _____

Name: _____ Relationship to Child: _____

Address: _____

Telephone: _____

ARE THERE ANY PERSONS THAT MAY NOT ESCORT YOUR CHILD UNDER ANY CIRCUMSTANCES? _____

MEDICAL RELEASE FORM

CHILD'S NAME: _____

DATE OF BIRTH: _____

PARENT (S) NAME: _____ **mother** _____ **father**

ADDRESS: _____

TELEPHONE: () _____-_____ HOME () _____-_____ WORK

CHILD'S DOCTOR OR CLINIC _____

ADDRESS: _____

TELEPHONE NUMBER: () _____-_____

HOSPITAL PREFERRED _____

INSURANCE COMPANY: _____

INSURANCE ID OR MEDICAID NO: _____

ALLERGIES: FOOD _____

MEDICATION: _____

HAS THE CHILD EVER BEEN HOSPITLIZED OR OPERATED ON? ____YES____NO, IF YES DESCRIBE

HAS THE CHILD EVER HAD A SERIOUS ACCIDENT? ____YES ____NO, IF YES DESCRIBE:

HAS THE CHILD EVER HAD A SERIOUS ILLNESS? ____YES ____NO, IF YES DESCRIBE

PRESENT, LONG-TERM OR CHRONIC ILLNESS: _____

PRESENT MEDICATION OR TREATMENTS: _____

Sept 07' – Jan 08'

**PERMISSION FOR
OFF-SITE ACTIVITIES**

_____ has my permission to attend the trips scheduled
by the Middle Collegiate Church Children's AfterSchool Arts Center. I will notify the office if
my child cannot attend.

SIGNATURE: _____

DATE: _____

RELATIONSHIP: _____