

2024-25 Student Enrollment Form Madison Methodist Church Afterschool Care

100 Post Oak Road
MADISON, MS 39110

(601)853-7436

(601)856-6058 (EMAIL: Afterschool@MadisonMC.org)

(Office Staff to fill out only)

START DATE: _____

CLASS: _____

TEACHER: _____

CHILD'S NAME: _____ BIRTHDAY: _____

HOME ADDRESS: _____

PARENTS NAME(S) _____

MOTHER CELL: _____ FATHER CELL: _____

MOTHER'S WORK #: _____ FATHER'S WORK
#: _____ NAME OF BUSINESS: _____ NAME OF
BUSINESS: _____

EMAIL ADDRESS TO RECEIVE ALL NOTICES:

(PLEASE PRINT CLEARLY)

2ND EMAIL FOR FILE _____

MARITAL STATUS OF PARENTS: _____ MARRIED, LIVING TOGETHER, _____ SEPARATED,
_____ DIVORCED,

IF DIVORCED, PLEASE PROVIDE CUSTODY AND VISTATION AGREEMENT FOR CHILD:

SIBLINGS, NAMES & AGES: _____

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ARE THERE ANY OTHER SIGNIFICANT PERSONS IN YOUR CHILD'S LIFE SUCH AS GRANDPARENTS,
STEPSIBLINGS?

HAVE THERE BEEN ANY SIGNIFICANT CHANGES IN THE CHILD'S HOME LIFE IN THE LAST YEAR
THAT WOULD SIGNIFICANTLY AFFECT THE CHILD'S BEHAVIOR?

TELL US ABOUT YOUR CHILD'S PERSONALITY AND HOW YOU DISCIPLINE

ANY FEARS AND HOW ARE THEY EXPRESSED?

IS THERE AN ACTIVITY THAT WOULD CAUSE YOUR CHILD NOT TO ATTEND AFTER SCHOOL CARE ON A REGULAR BASIS?

YOU MUST INFORM THE AFTER SCHOOL CARE DIRECTOR OF ANY ACTIVITIES. FORMS WILL BE AT THE AFTERSCHOOL CARE OFFICE FOR YOUR CHILD'S

RECORDS _____ . (EXAMPLE:

MUSIC LESSONS, TENNIS, ETC.)

SPECIAL NEEDS OR CONCERNS: ALLERGIES (FOOD &/OR MEDICINE) - If your child has an allergy or special need please provide documentation from physician):

EPI PEN: ___ YES ___ NO

MEDICATIONS THAT YOUR CHILD TAKES DAILY:

NAME OF CHILD'S PHYSICIAN:

PHONE: _____

EMERGENCY INFORMATION: (IN CASE OF AN EMERGENCY PARENTS WILL BE CALLED FIRST)

Unless you have stated a preference, in the case of a life-threatening trauma, your child will be transported by ambulance to University of Mississippi Medical Center – Blair E. Batson Children's Hospital.

Parent Signature: _____

I would prefer my child be taken to _____ for emergency treatment.

NAME OF ALTERNATIVE PERSON(S) TO CONTACT IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE

REACHED (Must provide at least one alternate number)

NAME: _____ PHONE: _____ RELATION:

NAME: _____ PHONE: _____ RELATION: _____

NAME: _____ PHONE: _____ RELATION: _____

AUTHORIZATION TO PICK-UP CHILD

I GIVE PERMISSION TO THE FOLLOWING PERSON(S) TO PICK UP MY CHILD, _____, FROM MADISON Methodist Church AFTERSCHOOL CARE PROGRAM. I WILL NOTIFY THE AFTERSCHOOL CARE BY NOTE OR EMAIL IF SOMEONE WILL PICK UP MY CHILD OTHER THAN MY SPOUSE OR MYSELF.

NAMES:	PHONE NUMBERS:	RELATION:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

PARENT/LEGAL GUARDIAN: _____ DATE: _____
(PLEASE CALL OR EMAIL ANY NEW NAME(S) FOR AFTERSCHOOL CARE FILES)

PERMISSION TO PICKUP FROM SCHOOL

I give permission for a Madison Methodist Church Afterschool care staff person to transport my child in the Madison Methodist Church van from their school to the church. I understand that the center has insurance coverage.

PARENT/LEGAL GUARDIAN: _____ DATE: _____

HANDBOOK POLICY

A parental signature is required stating that the parent has read the parent handbook and agrees to follow all guidelines before their child enrolls in the Madison Methodist Church Afterschool Care program. If the parent does not comply with these policies, the child will be asked to leave the After School Care program.

PARENT SIGNATURE _____ DATE _____

AUTHORIZATION & PERMISSION

Permission for Field Trips (I agree ____, I do not agree ____) to give permission for my child to accompany his/her class and Madison Methodist Church Afterschool Care staff on field trips planned and authorized by the center. These may be neighborhood walks or trips in a Madison Methodist Church van. In addition, individual permission slips need to be signed for field trips away from the After School Care (see handbook for more details)

Emergency Treatment (I agree ____, I do not agree ____) that in the event of an illness or accident which require immediate medical treatment at a time when a parent cannot be located, I give permission for the director of Madison Methodist Church Afterschool Care or other After School Care personnel designated by the director to authorize such treatment or call 911. I will not hold Madison Methodist Church Afterschool Care or medical personnel responsible, with the understanding that every attempt was made to contact the parents and other persons listed for emergency contact.

Permission for Photo/Video Use (I agree ____, I do not agree ____) to give permission for Madison Methodist Church Afterschool Care to take pictures and/or video of my child for display or advertising purposes, including local newspapers, bulletin boards, or Madison Methodist Church publications.

Phone Number & Address Release (I agree ____, I do not agree ____) to give permission for Madison Methodist Church Afterschool Care to use our phone number and address for church and After School Care use only. It will not be given to anyone outside the Madison Methodist Church family.

Playing on the Madison Methodist Church Campus & Designated Field Trip Sites (I agree ____, I do not agree ____) to give permission for my child to participate in indoor and outdoor games, basketball, playing on playground equipment, and general playing with other children.

Madison Methodist Church/Afterschool Care Staff Babysitting (I agree ____, I do not agree ____) I understand if a Madison Methodist Church staff /After School Care person babysits my child outside of Afterschool Care hours, Madison Methodist Church will not be held liable for anything that occurs between the baby sitter and you or your child.

Child Pick-up (I agree ____, I do not agree ____) I understand that if someone else is picking up my child I must email the director or send a written note to verify the name and the date this party will pick up. This person must be an authorized party on the child's information sheet in their file. This person must be at least 18 years of age and able to supply documentation of their identity.

AFTERSCHOOL CARE COVENANT

Please read and discuss the covenant with your child.

- I will sit in my seat, keep my hands to myself and not be too loud when riding the church van so as not to disturb the van driver.
- I will come into the church building quietly.
- I will go to the restroom and wash my hands without playing and bothering other children.
- I will line up in the classroom line and talk quietly.
- I will walk in the hall without running.
- I will come into the classroom and sit quietly for my Bible devotion and prayer.
- I will try to be neat during snack time and clean up after myself.
- I will sit quietly when my teacher reads a story to me while class leaders wipe off the table.
- I will line up quietly when I go outside or to the CLC.
- I will obey and respect my teacher.
- I will respect my classmates.
- I will not hit, punch, or push my fellow classmates.
- I will use the homework room as a study time and not as a time to talk with my friends.
- I will play indoor games quietly while in my classroom so as not to disturb the homework room or church staff.
- I will not use bad language.
- I understand that if I disobey any of the above statements three times that my parents will be notified.

CHILD'S SIGNATURE _____

PARENT SIGNATURE _____ Date _____

MADISON Methodist Church AFTERSCHOOL CARE PROGRAM VAN SAFETY RULES

All children must follow the safety rules while riding the Madison Methodist Church vans:

1. Get on the vans in an orderly manner. You will place your backpacks and other material in the front near the driver.
2. Use quiet voices while riding the van. No arguing or shouting.
3. Sit down as soon as possible and put on the seat belt.
4. Do not put your feet in the aisles because someone might trip.
5. Stay seated at all times.
6. Do not open windows unless directed to do so by the teacher. Keep hands, arms and head inside the van at all times.
7. Do not throw anything out of the van.
8. Do not eat food or drink on the van without the approval of the teacher.

9. Do not push or shove.
10. Wait for the van driver's okay before getting up to exit the van.
11. Get off the van from the front to back. This should be done in an orderly manner.
12. At ALL times, obey the van driver and any other teachers riding in the van.

Parents: Please go over the van rules with your child. It is very important that all children are aware of these rules. If violations of these rules become habitual, it may become necessary to request that you withdraw your child from the Afterschool Care program.

Since safety is of utmost importance for the Afterschool Care program, teachers will review the rules with the children on a regular basis. In addition, the rules are posted in the hallways. Please sign the following:

I understand if my child **is not riding** the van to After School Care that a parent or guardian must call the After School Care Office so the director can be aware and prepare for the day. It is the responsibility of the parents to let the director know every time their child will be absent.

I have reviewed the van rules and agree to obey the rules for the school year.

Child signature _____

Parent signature _____ **Date** _____