



2012-2013

Today's Date: _____
9135 Blair Road
Charlotte, NC 28227

Blair Road United Methodist Preschool and After School Program
704-545-0772 -Director- Angela Lord
angielord@blairroadumc.org

Registration Information – Please PRINT clearly

Child's Name: _____ Birthdate: _____ Gender: _____
Name child prefers: _____ Elementary Sch Attending: _____
Enrolling in: After-School _____ Summer Program _____ Grade entering in fall of 2012 _____

Registration Fee: - Required for placement - Non-Refundable unless class enrollment not met.

Child 1 = \$65 Child 2 = \$55/ Child 3=\$50/ Child 4 = \$50

Please indicate days your child will attend: Minimum of 3 days required

_____ School year - 5 days/wk - \$268/per month
_____ School year - 4 days/wk - \$268/per month - which 4 days: M _____ T _____ W _____ Th _____ F _____
_____ School year - 3 days/wk - \$185/ per month - which 3 days: M _____ T _____ W _____ Th _____ F _____

Summer hours: 7:30am - 6pm

_____ Summer Fees - \$560/per month - 4 or 5 days/wk: M _____ T _____ W _____ Th _____ F _____
_____ Summer Fees - \$440 /per month - 3 days/wk: M _____ T _____ W _____ Th _____ F _____

Current Address: _____

City: _____ Zip: _____ County: _____

Email: _____

Mother's Name: _____ Home #: _____ Cell #: _____

Occupation: _____ Business#: _____

Business Name/Address _____

Father's Name: _____ Home #: _____ Cell #: _____

Occupation: _____ Business#: _____

Business Name/Address _____

Does child live with both parents? _____ If not, with which parent does the child live? _____

(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc, must be provided to Director)

What do you hope your child receives from his/her after school experience? _____

Emergency Contacts (other than parents)

It is important that we have an emergency contact when we are unable to reach parents/guardian.

1. _____ Relation _____ Home # _____ Cell# _____

2. _____ Relation _____ Home # _____ Cell# _____

Security Release Information (in addition to emergency contacts)

I authorize that my child, _____, be released by Blair Road UMC After School staff to the following person, in addition to those already listed on this form.

Name: _____ Phone _____ Relationship _____

Address: _____ Cell #: _____

Name: _____ Phone _____ Relationship _____

Address: _____ Cell #: _____

Blair Road United Methodist Church After School is an outreach ministry of Blair Road United Methodist Church. Children will benefit from a structured environment in a loving Christian atmosphere under the guidance of teachers who strive to design daily activities, which encourage the social, mental, spiritual and physical development of each child.

Blair Road UMC After School Program does not discriminate on the basis of race, color, and national or ethnic origin.

*****Please complete both sides of form*****

Office Use Only

Registration check # & amount: _____



2012-2013

Please read carefully:

Health Information

BRUMC After School program requires new students to provide a Health Statement from your child's Physician. **All students MUST be current on immunizations. There are NO religious or other exceptions.**

- Are immunizations current? Yes___ No___ If no, please explain:_____
- Any known allergies? Yes___, No _____. If yes, please list and describe reaction_____
- Epipen required? Yes___, No___

Emergency Information:

Child's
 Physician_____ Phone_____

Emergency Room
 Preference_____

Insurance
 Company_____ Phone_____

I, the undersigned, do hereby verify and grant permission that in the event my child, _____ should require emergency medical attention while in the care of BRUMC After School staff during after school hours or events, I hereby authorize the staff of BRUMC After School to procure and/or provide such emergency medical attention for my child. I understand that all costs that may be incurred by such emergency medical attention will be my responsibility. I hereby release BRUMC After School and its staff from any legal consequences that might result from such emergency medical attention. This authorization is valid for one year from date of signature unless BRUMC After School is otherwise notified in writing.

Refund and Withdrawal Policy

Full tuition is due the first of each week. If a child must be withdrawn from the program, please note: 1) Registration fees are non – refundable; 2) 30 days notice is required prior to withdrawal; 3) regardless of attendance – regular weekly tuition is due; and 4) all withdrawals must be in writing and submitted to the Director.

Consent for child to be photographed for Church/After School use only

I, the undersigned, do hereby verify that all student information to be correct and agree to conform to the policies established by the After School Board. I hereby release and forever discharge Blair Road United Methodist Church, Blair Road After School, and their officers and employees from any damage or injury that may be incurred by my child while attending the Blair Road UMC After School.

I grant permission for my child to be photographed and/or videotaped during after school events or parties, and for use in craft projects and/or on-line photo gallery. If I have any concern regarding photography, I will address this concern with the After School Director.

Signature of Parent or Legal Guardian

By signing below, I do agree/approve and consent to all information on this registration form. I will advise BRUMC After School of any changes in phone or address information. If I am the child's Legal Guardian, I will provide legal documentation to Blair Road UMC After School to prove such.

Signature Parent/Guardian

Date