

# Hartzell Mt. Zion UMC Before/After Care Enrollment/Registration

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Child's Name School Name/Grade/Teacher

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Before Care _____ (yes/no)	After Care _____ (yes/no)
Registration Fee Paid: _____ Cash	_____ Check# _____ Online _____
Custody Paper Required: _____ (yes/no)	Payment Date _____

**PARENT/GUARDIAN INFORMATION**

\_\_\_\_\_

Father/Guardian

\_\_\_\_\_

Mother/Guardian

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Cell Phone/Work Phone

\_\_\_\_\_

Cell Phone/Work Phone

**AUTHORIZED PERSONS FOR PICK-UP OTHER THAN PARENTS**

Must be at 18 years of age or older, have picture identification, and come-in to sign-out student. Any changes to the list must be made in person or in a note from the parent. Please list as many as possible.

Name	Home Phone	Cell Phone

I have read and understand the rules/procedures of the program. I understand that if I or my child do not follow them, my child will be removed from the program.

\_\_\_\_\_  
Parent(s) Signature

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School Name/Grade/Teacher

Does the participant need to be administered medication during the Before/After School Child Care Program?  Yes  No

Please list any other pertinent information about the participant (physical limitations, allergies, medications, special diet, etc.).

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**Membership:** If you are a member of *Hartzell Mt. Zion United Methodist Church*, weekly fees will be reduced to \$50 per week (\$25 Before Care/\$25 After Care). *A member is defined as person(s) participating in Sunday service once a month.*

**Activity Consent:** My child is allowed to participate physical activities such as basketball, water slides, bounce machines.  Yes  No

**Photography Consent:**  Grant Permission  Do not grant permission

to Hartzell Mt. Zion United Methodist Church to take and use photographs and/or digital images of my child for use in printed publications or materials, electronic publications, church website and classroom displays for the duration of his/her time in the program.

**Holidays/Half-Days:** Before/After care is not available for holidays. No after care is available for half-days.

**All monies paid are non-refundable if the child leaves the program. No credit is applied for students that do not attend the program (illness, vacations).**

***All fees are due the first day of the week. Late fee bills will be provided on Wednesday with a late charge of \$10.00 which must be paid upon receipt. If not paid, child care services will be revoked until all fees are paid in full. If the payments are late more than 3 times, your child will be excused from the program.***

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Parent(s) Signature