



Registration Form for Enrollment

School Year 2019-2020

Registration Fee \$100 ____ (additional children \$50) Cash/Check # _____ Amount _____

Date Form Received: _____ (to be filled out by MKA Staff)

Class Options: Choose One

Infants: 2 Day ___ M/T ___ W/TH 3 Day ___ T-TH 4 Day ___ M-TH

12-18 Months: 2 Day ___ M/T ___ W/TH 3 Day ___ T-TH 4 Day ___ M-TH

18-24 Months: 2 Day ___ M/T ___ W/TH 3 Day ___ T-TH 4 Day ___ M-TH

Twos: 3 Day ___ T-TH 4 Day ___ M-TH

Threes: 3 Day ___ T-TH 4 Day ___ M-TH

Fours: 3 Day ___ T-TH 4 Day ___ M-TH

All classes are subject to change depending on enrollment.

Tuition and Fees:

Nonrefundable Registration Fee \$100 (Due with registration form to ensure a spot)

Snack Fee \$35 per semester (Due with Sept. and Jan. tuition).

2 Days- \$145 per month

3 Days- \$160 per month

4 Days- \$180 per month

These payments would be due by the 10th of each month, beginning with September 2019 and continuing through May 2020.

Information:

Child's Name _____ Preferred Name _____

Birthdate _____ Age by Sept. 1 _____ Gender _____

Address: _____ City _____ State _____ Zip _____

Mother's Full Name _____ Occupation _____

Telephone: C _____ H _____ W _____

Email: Mother _____ Father _____

Father's Full Name _____ Occupation _____

Telephone: C _____ H _____ W _____

List brothers and sister of child:

Name _____ Age _____

Name _____ Age _____

CODE WORD for Pick Up: _____

Who is authorized to bring your child and pick your child up from M Kids Academy?

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

List any names of persons who may **NOT** pick your child up from M Kids Academy. (**Documentation is required and must be kept on file**)

First and Last Name _____ Documentation Received _____

In case of an emergency and you cannot be reached, list contacts whom we may call:

Contact: _____ Phone Number: _____

Contact: _____ Phone Number: _____

Contact: _____ Phone Number: _____

Mt. Horeb Church Member Yes ___ No ___ Attending Elsewhere? _____

Does child attend Sunday School? Yes ___ No ___

Medical Information:

Yes ___ No ___ Does your child have any allergies or reoccurring infections that we should be aware of?

Yes ___ No ___ Is your child free from communicable diseases?

Yes ___ No ___ Is your child up to date on immunizations?

Yes ___ No ___ Does your child bite others?

Yes ___ No ___ Can your child manage clothes and bathroom needs? (*3 and 4 year old children must be potty trained*)

Yes ___ No ___ Does your child reside with both parents? *If court papers exist, we MUST have a copy on file.*

Please list any medical instructions you feel we need to be aware of including food allergies, physical limitations, and/or medical conditions.

M Kids Academy will not administer any medication unless a medical form is filled out by the parent.

M Kids Academy
Medical Information:

Child's Name: _____

Date of Birth: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

PARENT/GUARDIAN INFORMATION

In case of an emergency, it is necessary that we know the fastest way to contact you. Please give us the following information.

Emergency Contact Information

Father and/or Mother or Guardian Name:

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Medical Insurance Information:

Company Name: _____ Policy Number: _____

* Please list any special needs and concerns, allergies, or significant medical information:

Please Circle: These will be available at Registration.

I Do/Do Not need to fill out a medical form to administer medicine for my child.

I Do/Do Not need to fill out a medical form for use of an Epi-pen.

I Do/Do Not need to fill out a food allergy form for my child.

