



CMS

After School Enrollment Form

801 S Trade St
Matthews, NC 28105
704/815-1998 (Office)
704/576-3900 (Cell)

Welcome and Purpose

Thank you for choosing The Lighthouse after school program at Matthews United Methodist Church. It is our hope that your child will feel the Christian warmth and love that our teachers and staff have to share. We focus on providing activities and experiences that will foster positive growth and development in each child. We strive to have a safe, secure environment for all children who attend our program. We welcome you and your family to our program.

Registration Fees and Tuition Payments

New Families—\$40.00 per family plus August tuition (\$50.00 per child)

Returning Families—\$30.00 per family plus August tuition (\$50.00 per child)

THESE FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY THE REGISTRATION FORM.

Tuition—\$225 per month for the first child (approximately \$56.00 per week)
\$215 per month for each additional child

December will be prorated at \$160.00 per child. April will be prorated at \$195.00 June will be prorated at \$75.00 per child and is due with the May tuition payment

- We accept cash, check, or money order for tuition payments. **We cannot accept postdated checks.**
- We also offer a bank draft option (ACH) for tuition payments. **Anyone that chooses this option will receive \$5.00 off (per family) their monthly tuition.** Please bring in a voided check if you would like to sign up for this option for tuition payments.

Payments, Refunds, and Cancellation Policy

- Tuition payments are due on the 1st of each month.
- A late fee of \$20.00 will be assessed if payment is not received on the 1st of the month. If tuition payments are not current at the end of the month, the child is not permitted to begin After School the following month.
- There will be a \$30.00 fee for all returned checks.
- If a child is to be withdrawn, we request a two week written notice.

Days of Operation

The Lighthouse at MUMC will begin operation on the first day of the school year and will operate on regular days throughout the school year. The After School will be open from 7:30 am until 6:00 pm on teacher workdays and some holidays. For the 2017-2018 school year those days are: **September 21 & 22; October 30; November 10; December 20, 21, 22, 27, 28 & 29; January 2 & 22; February 19; March 29; April 3, 4, 5 & 6.** **There must be a minimum of 10 children signed up to have After School on the full days.** There will be a \$20.00 charge per child for each day that he/she attends with the exception of Christmas and Spring breaks. Christmas and Spring break full days will be \$35.00 per child per day. **There must be a minimum of 10 children signed up to have after school on these days.**

After School is not open on the following days:

- Labor Day—September 4
- Thanksgiving—November 22, 23, and 24
- Christmas—December 25, and 26.
- New Year's—January 1
- Martin Luther King Jr.—January 15
- Easter—March 30 and April 2
- Memorial Day—May 28

There will be four early release days during the school year. After School will pick the children up from school at the early release time. There will be no extra charge for these days. For the 2017/2018 school year these days are: October 18, December 6, February 7, and April 18. Times to be announced.

Late Pick-Up Penalties and No Call Fees

Please call or text the after school phone (704/576-3900) no later than 2:30pm each day if your child will not be attending After School that day.

The Lighthouse at MUMC closes promptly at 6:00pm each day. Please call or text the after school phone (704/576-3900) if you will be arriving after 6:00pm. **There will be a \$5.00 charge if a parent picks up a child between 6:00 and 6:05. After 6:05, the charge is \$5.00 plus \$1.00 for each minute after 6:05.** This fee will be charged to the parent of the child that is left late.

Authorized Persons to Pick Up a Child

If anyone other than a parent is to pick up your child, The Lighthouse at MUMC must have written authorization from the parent. This person must show a photo ID when he/she arrives to pick up your child for the first time. No child is allowed to sign him/herself out of After School. The Lighthouse at MUMC cannot withhold a child from either parent without court documentation on file.

Authorization to Pick Up (Other than Parent)

Name _____ Name _____

Name _____ Name _____

Anyone other than the parent must present a photo ID at time of sign out

Emergency Contacts (Required)

Emergency Contact _____ Relationship to Child _____

Phones _____
Home Work Mobile

Emergency Contact _____ Relationship to Child _____

Phones _____
Home Work Mobile

Health Information

Please list any/all **allergies** your child has.

Please list any/all **medications** your child is currently taking.

The Lighthouse at MUMC can only administer medication once a medication consent form has been completed and submitted. The medication must be in a container dispensed by a pharmacy with the student's name, name of the medication, date the prescription was filled, and directions for dosage. A written note from the parent must be given for medication administration to be stopped.

Insurance Information

Insurance Carrier _____ Policy # _____

Name of Insured _____ Group # _____

Relationship to student _____ Insurance ID Number _____

Preferred Medical Providers

Preferred Hospital _____

Primary Care Physician _____ Phone _____

Dentist _____ Phone _____

****Note:** In an emergency, when time is vital, Novant (formerly Presbyterian) Hospital at Matthews will be used.

Medical/Health Information

Please describe any activities that your child cannot participate in due to health reasons.

Please describe any current physical, mental or psychological conditions that require medication or treatment or would result in special restrictions while attending The Lighthouse at MUMC.

Please describe any major medical illnesses, surgeries, or injuries the child has had in the past.

Waivers and Authorization for Treatment

(1) I understand that my child will be covered with an accident insurance policy and that the teachers and staff of The Lighthouse at Matthews United Methodist Church will do everything possible to protect my child and to prevent accidents and injuries, but it is understood and agreed to by my signature, that Matthews United Methodist Church and The Lighthouse After School program and its teachers and/or staff are hereby released from any and all claims or financial responsibility arising out of any accident or mishap that may occur in connection with the operation of The Lighthouse at MUMC or from any illness contracted during the period of enrollment.

(Parent Signature)

(Date)

(2) I hereby grant permission to The Lighthouse at MUMC personnel present during any emergency or accident involving my child _____, to obtain the services of a physician and/or to transport my child to a hospital. I also grant permission to the physician to treat my child unless I am present and request otherwise.

(Parent Signature)

(Date)

(3) Despite our best efforts, we can never get rid of the fire ants and other insects on the playground. Because of the potential for insect bites, please sign below if you would like to give The Lighthouse at MUMC staff permission to give your child the recommended dosage of Children's Benadryl (oral or topical) in case of an allergic reaction to a bite or sting. Parents will be called before medication is administered.

I, _____, (name of parent), give the staff of The Lighthouse After School program at Matthews United Methodist Church permission to give my child, _____, the recommended dosage of Children's Benadryl in the case of an allergic reaction to ant or insect bites or stings.

(Parent Signature)

(Date)

(4) I, _____, (name of parent) give my permission for my child, _____, to be transported from school and to and from pre-scheduled destinations while he/she is enrolled in The Lighthouse at MUMC. I understand that my child could be transported in a church bus, in another authorized vehicle, or that he/she could walk to the destination.

(Parent Signature)

(Date)