

MUMC CEP



After School Program —2024-2025

Child's Name _____ Date of Birth _____

Grade _____

Acceptance of this enrollment form and the registration fee assures your child a place in our program. The registration fee is **\$65 and is non-refundable**. Tuition is \$180 per month, and you will be billed once a month.

We will pick up from Chandler Creek and Crestview Elementary Schools. Please send a nut-free snack and refillable water bottle each day. After snack we will spend approximately one hour for homework/quiet reading. We will be open until 5:30 each day. We follow the Greenville County Schools calendar and for weather-related closings.

Please message us on Brightwheel if your child will be absent/not riding the bus, or if someone else will pick up your child.

My child will arrive to Memorial Methodist by:

Memorial Bus (Chandler Creek) Other _____

Memorial Bus (Crestview)

The following people have permission to pick up my child:

I agree to the above terms and give my permission for my child/children to ride on the Memorial Methodist Church Bus. I give my permission to the supervising adults to seek appropriate emergency medical treatment for my child should it be necessary to do so. I assume responsibility for any medical bills incurred:

Date _____ Signature _____

Parent's Name (Print) _____

Address _____

Emergency Telephone# _____

Email: _____

MUMC AFTER SCHOOL REGISTRATION FORM 2024-2025 ELEMENTARY (K5-5TH GRADE)

Child's Last Name	First Name	Birth date: / /	Grade:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Mom's Name:			Mom's best phone no.: ()	
Dad's Name:			Dad's best phone no.: ()	
Street Address:				
City:	State:	ZIP Code:		
Email for Communication:		Email for Billing (if Different):		

AS A PARENT/LEGAL GUARDIAN OF THE STUDENT INDICATED ABOVE, I UNDERSTAND AND AGREE TO THE FOLLOWING POLICIES:

1. Registration cannot be processed without the full deposit or if there is an outstanding balance. Registration fees are non-refundable.
2. I am contractually obligated to pay the tuition, even if my child misses school for illness or vacation.
3. There are no allowances made for absences.
4. If circumstances arise that need me to remove my child for the program, I understand that 30 days written notice needs to be given.
5. If I do not give a month's notice, I understand that I will be billed for that month.
6. Every child must have a current medical emergency form on the prior to the 1st day of school.
7. The Memorial United Child Enrichment Program may use any photo, slide, or quote privately and/or in MUMC publications and general media.
8. My name, phone number, and email address may be used in the MUMC email lists.

In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my child's health and safety. I understand that medical expenses are my responsibility. I hereby assume all risks (injury or illness) for my child and family members that may occur during participation in any activity or use of facilities owned or rented by MUMC. I hereby agree to in no way hold MUMC, its agents, or employees liable for loss of damaged belongings or injury that my child may sustain. I have read and understood the above statement. I agree to the above policies._

PARENT/GUARDIAN SIGNATURE

DATE

To be completed by CEP Office:

Check # _____ Cash _____ Amount of Payment _____ Date Received _____