MUMC CEP



After School Program -2024-2025

Child's Name	Date of Birth
Grade	
-	registration fee assures your child a place in our program. The registration fee \$180 per month, and you will be billed once a month.
bottle each day. After snack we will spend ap	estview Elementary Schools. Please send a nut-free snack and refillable water proximately one hour for homework/quiet reading. We will be open until unty Schools calendar and for weather-related closings.
	chtwheel if your child will be absent/not riding
the bus, or if so	<mark>omeone else will pick up your child.</mark>
My child will arrive to Memorial Method	list by:
Memorial Bus (Chandler Creek)	Other
Memorial Bus (Crestview)	
The following people have permission to	pick up my child:
Memorial Methodist Church Bus.	my permission for my child/children to ride on the I give my permission to the supervising adults to seek eatment for my child should it be necessary to do so. I ical bills incurred:
Date	Signature
Parent's Name (Print)	
Address	
Emergency Telephone#	
Email:	

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

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 7. The Memorial United Child Enrichment Program may use any photo, slide, or quote privand/or in MUMC publications and general media. 7. My name, phone number, and email address may be used in the MUMC email lists. 7. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to renaid as may be required at the time for my child's health and safety. I understand that med are my responsibility. I hereby assume all risks (injury or illness) for my child and family may occur during participation in any activity or use of facilities owned or rented by MUN agree to in no way hold MUMC, its agents, or employees liable for loss of damaged belon	be processed without the full deposit or if there is an outstanding balance. on-refundable. oligated to pay the tuition, even if my child misses school for illness or neces made for absences. See that need me to remove my child for the program, I understand that 30 days to be given. The program is the program of the program of the program of the program of the second of the second of the second of the program of the program of the second of the s	Mom's Name: Dad's Name: Dad's best phone no.: () Street Address: City: State: Email for Communication: As A PARENT/LEGAL GUARDIAN OF THE STUDENT INDICATED ABOVE, I UNDERSTAND AND AGREE TO THE FOLLOWING POLICIES: Registration cannot be processed without the full deposit or if there is an outstanding balance. Registration fees are non-refundable. 2. lam contractually obligated to pay the tuition, even if my child misses school for illness or vacation. 3. There are no allowances made for absences. 3. 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. 5. 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. 8. My name, phone number, and email address may be used in the MUMC email lists. 8. My name, phone number, and email address may be used in the MUMC email lists. 9. My name, phone number, and email address may be used in the MUMC email lists. 1. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate and 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 rendet by MUMC. I hereby agree to in no way hold MUMC, its agents, or employees liable for loss of damaged belongings or injury hat my child may sustain. I have read and understood the above statement. I agree to the above holicies.	5. If I do not give a 6. Every child must 7. The Memorial Urand/or in MUMC pus. My name, phone in case of sudden it aid as may be requare my responsibility agree to in no way that my child may spolicies	nited Child Enrichmentablications and general number, and email actinity or illness, I here injury or illness, I here illness at the time for my ity. I hereby assume a participation in any actinity and MUMC, its agent sustain. I have read ar	at Program may use any photo, al media. It did med	slide, or quote private MC email lists. tal or doctor to render iderstand that medical y child and family men d or rented by MUMC. I of damaged belonging ment. I agree to the abo	immediate expenses nbers that hereby gs or injury
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