

REGISTRATION

FORM

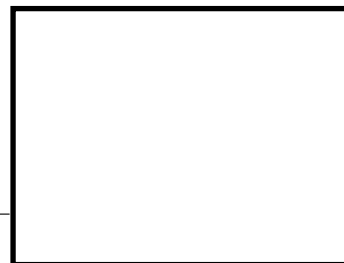
BEGINNING TO ENLIGHTEN OUR COMMUNITY

**OFFICE USE ONLY:**

- AFTERSCHOOL ENRICHMENT (2:15 – 5:30PM)
- PRE-K ADVANCEMENT (7:30 AM – 4:30PM)
- SUMMER ENHANCEMENT (8 AM – 4:30 PM)
- OTHER \_\_\_\_\_ ( \_\_\_\_\_ - \_\_\_\_\_ )

DAYS: M \_\_\_ T \_\_\_ W \_\_\_ T \_\_\_ F \_\_\_

MEALS: Bfast \_\_\_ AMSnack \_\_\_ L \_\_\_ PMSnack \_\_\_ Sup \_\_\_



PROGRAM FEE: Wkly Fee: \_\_\_\_\_ Monthly Fee: \_\_\_\_\_

ITEMS NEEDED: Child is **NOT ENROLLED IN** program until all checked items are received

- Authorization Forms (signed)  Waiver  Registration Fee  2 week's tuition
- Parent survey  TShirt Fee  Report Card Grds  121 Form  COVID Vaccination

APPLICATION DATE: \_\_\_\_\_

**STUDENT DATA** Receives Free lunch  or Reduced lunch  or Pays For lunch

Child's Name: \_\_\_\_\_  
   First  Middle  Last

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ STATE: MS

Zip: \_\_\_\_\_ Parent's Email: \_\_\_\_\_ Student MSIS #: \_\_\_\_\_

Home#: \_\_\_\_\_ Gender  M  F DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

How did you hear about our agency:  Web  Email  Previous Client  Friend/Family  Other

**PARENT/GUARDIAN DATA**

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Position: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ ext: \_\_\_\_\_ Cell #: \_\_\_\_\_ Child Cell #: \_\_\_\_\_

Last School Attended \_\_\_\_\_ Area of Study: \_\_\_\_\_

Highest Degree Received: \_\_\_\_\_ What Year: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Position: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ ext: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Last School Attended \_\_\_\_\_ Area of Study: \_\_\_\_\_

Highest Degree Received: \_\_\_\_\_ What Year: \_\_\_\_\_

Parent's Marital Status:  Married  Single  Divorced  Separated  Widowed

Name/Ages of others in Home: \_\_\_\_\_

**Emergency Information** List any special conditions that your child has that we should be aware of (allergies, medical, disabilities, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
**Name of Hospital** \_\_\_\_\_ **Name of Doctor** \_\_\_\_\_

**Persons authorized to act for the parent in case of an emergency: (state relationship if any)**

- ( ) 1. \_\_\_\_\_ **Home phone#:** \_\_\_\_\_ **Work/Alt. phone#:** \_\_\_\_\_  
( ) 2. \_\_\_\_\_ **Home phone#:** \_\_\_\_\_ **Work/Alt. phone#:** \_\_\_\_\_  
( ) 3. \_\_\_\_\_ **Home phone#:** \_\_\_\_\_ **Work/Alt. phone#:** \_\_\_\_\_

**Persons authorized to pick up your child: (state relationship if any of other persons that can pick up your child)**

- ( ) 1. \_\_\_\_\_ **Home phone#:** \_\_\_\_\_ **Work/Alt. phone#:** \_\_\_\_\_  
( ) 2. \_\_\_\_\_ **Home phone#:** \_\_\_\_\_ **Work/Alt. phone#:** \_\_\_\_\_  
( ) 3. \_\_\_\_\_ **Home phone#:** \_\_\_\_\_ **Work/Alt. phone#:** \_\_\_\_\_  
( ) 4. \_\_\_\_\_ **Home phone#:** \_\_\_\_\_ **Work/Alt. phone#:** \_\_\_\_\_  
( ) 5. \_\_\_\_\_ **Home phone#:** \_\_\_\_\_ **Work/Alt. phone#:** \_\_\_\_\_

**How will child be transported to program: Walk** \_\_\_\_\_ **Parent** \_\_\_\_\_ **Other** \_\_\_\_\_

**Household Income:** (Most recent payroll stub and/or any other source of income verification must accompany this form.)

**COMBINED WAGES** \_\_\_\_\_ **AFDkC** \_\_\_\_\_ **Social Security** \_\_\_\_\_

**Others** \_\_\_\_\_ (indicate amounts and weekly, bi-weekly, or monthly)

**(CHILD)** I agree to participate in Genesis and Light Center Programs. I agree to obey all the rules and regulations of the Center and those of my guidance instructors. I understand that if I don't follow the rules and regulations I can be terminated from the Genesis and Light Center.

**CHILD'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**(PARENT)** I consent to my child participating in Genesis and Light Center Programs and in case of an accident or injury, first aid may be administered to my child by qualified center staff. If further care is needed, Genesis & Light will notify me or emergency contact person if I can not be reached. Permission is granted to seek emergency medical assistance if needed. I hereby release, defend, indemnify and hold harmless Genesis and Light Center, its employees, and its volunteers from any and all claims, action and proceeding related to injury or death, resulting from or related to unseen accidents. I also authorize my child to be transported by Genesis and Light's center staff including transport to scheduled field trips. All registration fees are non-refundable.

I will make sure Genesis and Light receive a copy of my child report card each term. I hereby consent to my child's school, state or district achievement score be distributed to Genesis and Light for evaluation. I hereby consent to my child's immunization records (121 Form) being released by County Health Department to Genesis and Light Center. I hereby consent for my child to participate in all field trips. I also consent to my child being picked up for tutoring and dropped off at home after tutoring by Genesis and Light's staff.

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## Authorization to Swim

I consent to my child(ren), \_\_\_\_\_  
going swimming during Genesis and Light Center Summer Programs and in case of an accident or injury, first aid may be administered to my child by qualified center staff. I hereby release, defend, indemnify and hold harmless Genesis and Light Center, its employees, and its volunteers from any and all claims, action and proceeding related to injury or death, resulting from or related to unseen accidents. Permission is granted to seek emergency medical assistance if needed.

*List name of child(ren) that knows how to swim:*

\_\_\_\_\_  YES  NO

## Authorization to Transport

The parents of the above registered child give authorization allowing the child to be transported by Genesis and Light's center staff including transport to scheduled field trips.

\_\_\_\_\_  YES  NO

## Authorization to Take Pictures

The parents of the above registered child give authorization allowing the child to be photographed, and the photos to be used for evaluation and promotion of Genesis and Light Center.

\_\_\_\_\_  YES  NO

## Check Policy

Your personal checks are welcome here with valid identification. If your check or automatic draft is returned NSF, it may be represented electronically and you will be assessed a processing fee of \$30.00 or the maximum amount allowed by law. The check writer is also responsible for all other check recovery fees, including all attorney's fee, court costs, and taxes. I understand that in the event I present an NSF related check, I must make payment in cash or certified funds.

\_\_\_\_\_  YES  NO

## G&L Payment Policy

I understand that payments are due on the Friday before services are rendered or by the 5<sup>th</sup> of the month, if payments are made monthly. Any payment made after Monday, will be assessed a 10 % late fee. If payment is not received by Tuesday, all G&L services may be suspended immediately until your account is brought current. Partial payments of fees are not accepted. Payments are due in full before services are performed. Monthly or biweekly payments are accepted on a prepayment basis. We do not credit accounts for missed days. We have direct costs that your fees pay for regardless of your child's attendance. Our fee structure accounts for day in which G&L is closed for holidays or other activities. As such, if G&L is open 3 days or more, then the full weekly rate is charged. To ensure your child's slot in our program, two weeks or more worth of services must be paid in advance. If your child is absent for more than 2 weeks, the child can be automatically dropped from our program if payment has not been received. Once dropped, you will be required to pay a registration fee. All registration fees are non-refundable.

I certify (promise) that all information on this form is true and that all income is reported. I understand that my fee is based on the information being reported. I understand and give G&L officials consent to verify (check) the information reported. I understand that if I purposely falsify information; my child may be dismissed from program and I may be prosecuted.

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### Records to be updated & signed by parent if changes NOTE them (once a year):

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ CHANGES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ CHANGES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ CHANGES: \_\_\_\_\_

**DIRECTOR USE:** Enrollment Date: \_\_\_/\_\_\_/\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ Withdrawal: \_\_\_/\_\_\_/\_\_\_