

Please Return by August 5, 2021

Meredith-Dunn School

After School Care Application - Enrollment Contract 2021-22

Application Fee \$40

Daily Pick Up Time _____

Child's Name _____ Grade _____ Birthdate _____

Food Allergies _____ Gluten Free Yes/No _____

Other Allergies _____

Medications _____ Dosage/Time _____

Mother's Name _____ Cell _____

Work Number _____ Email _____

Father's Name _____ Cell _____

Work Number _____ Email _____

Emergency Contact (Only listed will be permitted to pick up your child from After School Care.)

1. Name _____ Cell _____

2. Name _____ Cell _____

3. Name _____ Cell _____

Please Check one and Circle days attending unless 5 days per week.

_____ Full Day Pick up time before 5:50 (5 days per week) - \$240 per month

_____ Half Day Pick up time before 4:30 (5 days per week) - \$170 per month

_____ One Full Day Pick up time before 5:50 - (Mon. Tues. Wed. Thur. Fri.) - \$55 per month

_____ Two Full Days Pick up time before 5:50 - (Mon. Tues. Wed. Thur. Fri.) - \$110 per month

_____ Three Full Days Pick up time before 5:50 - (Mon. Tues. Wed. Thur. Fri.) - \$165 per month

Reminders:

- All payments will be made through FACTS Tuition.
- There is no prorating for absenteeism, school holidays, school cancelation, or early dismissal days.
- After School Care is closed on all school holidays, conference days, and early dismissal days.
- Any child who has continual difficulty following the rules or exhibits aggressive behavior will be asked to make other after school arrangements.
- A late fee of \$25 will be assessed at 4:35 - half day and 5:55 - full day.

Please check yes or no if your child may be given the following at After School Care:

Hydrocortisone Cream Yes _____ No _____ Antibacterial Cream Yes _____ No _____

Acetaminophen - Regular Yes _____ No _____ Acetaminophen - Children's Chewable Yes _____ No _____

Ibuprofen - Regular Yes _____ No _____ Ibuprofen - Children's Chewable Yes _____ No _____

THE COMPLETION OF THIS FORM AUTHORIZES THE PERSONNEL OF MEREDITH-DUNN SCHOOL TO OBTAIN EMERGENCY CARE FOR THE CHILD AT THE EXPENSE OF THE PARENT OR GUARDIAN AND RELEASES SAID PERSONNEL FROM LIABILITY.

Parent/Guardian Signature _____ Date _____

Registration Received(Office Use Only) _____