Meredith-Dunn School
After School Care Application - Enrollment Contract 2024-25

Application Fee $40 – Application Due August 8th, 2024

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 5:30 (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 5:30 - (Mon. Tues. Wed. Thur. Fri.) - $55 per month
_____Two Full Days Pick up time before 5:30 - (Mon. Tues. Wed. Thur. Fri.) - $110 per month _____Three Full Days Pick up time before 5:30 - (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 5:35 - 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)_____

No child will be denied equal educational opportunities because of race, religion, national origin, or gender.