

**June 1 - August 6, 2020**

Applications for new enrollments will be accepted beginning February 10. McFarlin & Friends registration is for five days per week. You must enroll for the full session. Partial enrollment cannot be accepted.

**Summer Application Fee: \$25 (non-refundable)**

Upon the receipt of a complete application packet, your child will be added to the waitlist. You will receive notification from a director when a spot is available. Upon notification of availability, an enrollment and supply fee of \$100 is due within 10 business days of notification to secure your child's spot. Enrollment fees are non-refundable after May 1<sup>st</sup>.

FOR OFFICE USE	
Rec'd _____	No. _____
AForm _____	AFee _____
IR _____	EN _____
EF DATE _____	

**Child's name** \_\_\_\_\_  
Last,
First
Middle
Preferred Name

**Grade completed 2019** \_\_\_\_\_ **School Attended** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** M F

**T-Shirt Size:** YXS YS YM YL YXL AS **Class Friend Request** (Max. of 2): \_\_\_\_\_

**Home address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Does your child require a booster seat?** Y N **Is your child shorter than 4' 9"?** Y N

**Please indicate if your child requires a life vest or flotation device at the pool or water park:** Y N

**Guardian Information**

**Guardian**

Relationship to child \_\_\_\_\_ Name \_\_\_\_\_

Place of employment \_\_\_\_\_ **Email** \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Address (if different) \_\_\_\_\_

**Other Guardian**

Relationship to child \_\_\_\_\_ Name \_\_\_\_\_

Place of employment \_\_\_\_\_ **Email** \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Address (if different) \_\_\_\_\_

**Please be sure you have the following items together before submitting enrollment materials:**

- \_\_\_ Application Forms (5 pages)
- \_\_\_ Application Fee (\$25)
- \_\_\_ Immunization Records

**Emergency Contact (in case parent cannot be reached) – authorized to pick up child:**

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Additional persons authorized to pick up:**

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Special Needs:**

Does your child have any physical, emotional or behavioral needs that the staff of McFarlin & Friends need to be made aware of. (Please give as much detail as possible.)

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## Medical Information

Are there any health situations or problems, illnesses, concerns, or special needs, that might affect your child's day in McFarlin & Friends that will be useful for staff to know?

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Does your child need to take medication while at McFarlin? **Y N** If yes, please indicate name of medication, dosage, and time of day to be given (a Medication Permission Form will also need to be filled out on or before June 1).

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Child's Physician \_\_\_\_\_ Physician's phone \_\_\_\_\_

Physician's address \_\_\_\_\_

Insurance company name \_\_\_\_\_ Telephone number \_\_\_\_\_

Policy number/Group number \_\_\_\_\_

Name of primary insured \_\_\_\_\_

## **Medical Release Consent**

I hereby release and agree to hold harmless McFarlin Memorial United Methodist Church and its staff from any and all liability associated with the medical care and treatment of my child by a qualified health care provider. I further authorize, in case of emergency, accident or medical crisis involving my child, McFarlin Memorial United Methodist Church and its staff to transport and authorize for the treatment of my child any and all care necessary, determined by an authorized/qualified health care provider in my absence while my child is under the custody, care and control of McFarlin Memorial United Methodist Church.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Photography and Video Consent**

I give permission for the videotapes and/or photographs of my child to be used by McFarlin Memorial United Methodist Church for the purpose of identification, education or promotion in both internal and external publications.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Discipline Policy Agreement

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Dear McFarlin & Friends Parents,

Our goal at McFarlin is to provide a welcoming, safe, age-appropriate, positive experience for children. Below is our updated discipline policy for teachers:

If an inappropriate behavior occurs, redirect the child, verbally correct the child and give age-appropriate instruction of the proper behavior & problem solving

1. If the inappropriate behavior continues, give a verbal reminder.
2. If it still continues, take the child aside to "take a break", including a one on one conversation and reminder of expectations.
3. If it still continues, provide written documentation and/or remove child to Summer Spectrum coordinator. The child's parent may be contacted by the coordinator regarding the importance of the behavior modification necessary.

Within Children's Ministry at McFarlin, we define bullying as the intentional harassment, intimidation, humiliation, ridicule, defamation or incitement of violence by a child against another child or staff member. We will work to encourage all children to have positive social skills. We have zero tolerance for bullying at all ages. All concerns should be brought to the coordinator, and the coordinator will work with the director and those involved while following the above guidelines.

If the coordinator has spoken to a parent three times within 30 days regarding repeated inappropriate behavior(s), it may result in temporarily removing the child from the program, especially if it involves behavior that causes injury to others or oneself.

Intentional injuries including, but not limited to, hitting, biting, scratching, choking another child will be handled by the coordinator with a call to the parent and the child being sent home.

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I have read and understood the above discipline policy. By signing below, I consent to my child's participation in this program, and he/she will adhere to all the policies therein.

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Parent Name PRINTED

Child's Name PRINTED

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Parent Signature

Date

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\_\_\_ Immunization Records

## McFarlin & Friends Permission Form

**Please read and initial each of the following:**

**Initial**

	<b>Field Trips:</b> I give permission to McFarlin & Friends to transport my child to all field trips that occur during the summer 2020 session.
	<b>Water Activities:</b> I give permission for my child to participate in all water activities at local swimming pools and water parks.
	<b>Non-refundable tuition:</b> I understand that all application fees are non-refundable, enrollment fees are non-refundable after May 1, and all tuitions paid are non-refundable, even in the event of an absence.
	<b>Late Payments:</b> I understand that tuition is due on the June 5 and July 6 and a late fee will be charged on the 10th. An additional late fee will begin to accrue per day on the 15th if my account is unpaid in accordance with the Handbook.
	<b>Enrollment:</b> I commit to sign up my child for the entire 2020 program. If I choose to remove my child early, I agree to give a two-week written notice or will pay a total of two weeks' tuition from the date of notification.
	<b>Scheduled Closings:</b> I understand that Summer Spectrum <b>will be closed the week of June 29-July 3.</b>
	<b>Hours of Care:</b> I understand that I will be charged \$1.00 per minute beginning at 5:31 PM if my child is not picked up on time.
	<b>Movies:</b> I give permission for my child to view a movie (rated G or PG) approved by the Director, though it is not part of regularly scheduled activities.
	<b>E-Mail Notifications:</b> I give permission for McFarlin & Friends to use the e-mail address(es) indicated on the first page, to send updates, notifications, and newsletters. Weekly schedules and details regarding field trips will be communicated via e-mail.
	<b>Remind Text Updates:</b> I would like to receive text updates using the Remind communication system regarding McFarlin & Friends and give permission to McFarlin & Friends to add the following phone numbers to the McFarlin & Friends '20 contact list. <b>LIST NUMBERS HERE:</b>  # _____ # _____

**I have read and agree to all the policies listed in the McFarlin & Friends Handbook and on these enrollment forms.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

How did you learn about McFarlin & Friends? Please check all that apply.

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Signage (digital or other) around McFarlin | <input type="checkbox"/> Facebook | <input type="checkbox"/> Returning Participant   |
| <input type="checkbox"/> Church bulletin                            | <input type="checkbox"/> E-mail   | <input type="checkbox"/> Friend or Family Member |
| <input type="checkbox"/> Other: _____                               |                                   |  |

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- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Application Forms (5 pages) | <input type="checkbox"/> Application Fee (\$25) | <input type="checkbox"/> Immunization Records |
|--|---|---|

**\*\*Attach a copy of your child's current immunization record\*\***

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Application Fee (\$25)

Immunization Records