



Mauldin Christian Academy

ACH (Auto Draft) Agreement For Daycare & Afterschool Students

****EVERYONE MUST FILL OUT NEW A FORM COMPLETELY, EVEN RETURNING FAMILIES –
RATES WILL CHANGE YEARLY****

I (we) hereby authorize Mauldin Christian Academy, to initiate debit entries to my (our) account indicated below. I understand there will be a \$30 fee for insufficient funds. **Any changes must be made 7 business days before the scheduled draft.**

Choose one of the following options and fill in amount expected to be drafted:

_____ Weekly on Friday \$ _____
_____ Bi-Weekly on Friday \$ _____
"A" begins 8/7/2017 "B" begins 8/14/2017
_____ Monthly on 1st Friday \$ _____
(reminder – several times a year, we incur a 5 week/month)

Routing number _____

Savings Account

Account number _____

(check here if this is a savings account)

Name of Child/Children (include program):

(example: John Smith, Daycare 3s)

1) _____

2) _____

3) _____

Books fees will also be drafted for your convenience as follows:

Payments of \$50 or less will be drafted September 8, 2017

Payments greater than \$50 will be divided evenly on September 8 and October 6, 2017.

Signature _____

*"Train up a child in the way he should go. And even when he is old, he will not depart from it."
Proverbs 22:6*



REQUEST FOR KEY FOBS

Child's Name _____ Class _____

Child's Name _____ Class _____

Child's Name _____ Class _____

Child's Name _____ Class _____

I understand that key fobs will be available at a cost of \$10.00 per fob. We will be purchasing _____ key fobs for the people listed below:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

I understand that by purchasing key fobs for the people listed above, they will be given permission to pick up my child at anytime. In addition, I understand that anyone in possession of my key fobs, but NOT LISTED on this form, must have my written consent prior to picking up my child.

Parent Signature _____

Date _____

Paid _____

Check # _____

Cash

Invoiced _____

Issued _____



FBC Mauldin Christian Academy Emergency Contact Form 2017/2018

Child's Name _____ Birth date _____
Name Used _____ Sex M F Family Code Word: _____
Home Address _____ City, Zip Code _____
Email Address _____

First person to contact in any situation, i.e., mom or dad and at what phone number)

Name _____ ***Phone #*** _____

Father's Name _____ Phone: HM _____ WK _____ Cell _____
(listed or unlisted)

Occupation/Place of Employment _____

Mother's Name _____ Phone: HM _____ WK _____ Cell _____
(listed or unlisted)

Occupation/Place of Employment _____

Family Physician _____ Phone _____

Address _____

Allergies (food, drug) _____

Special Medical/Learning Diagnosis _____

Medicines your child is currently taking Name: _____ Amount Taken : _____

Health Insurance Information (include policy or group #s) _____

Hospital Preference _____

Local Friend(s) or relative(s) childcare personnel may contact in case parents **cannot be reached in an emergency only:**
(Please notify these people their names are on file with us.)

Name _____ Phone HM _____ WK _____ Cell _____

ID# (driver's license) _____ Relationship _____

Address _____

Name _____ Phone HM _____ WK _____ Cell _____

ID# (driver's license) _____ Relationship _____

Address _____

In case of a medical need involving my child, I request the child care staff to contact me or my spouse at the numbers provided. In the event that we cannot be reached, I authorize the child care staff to obtain emergency medical care for my child.

Parent/Guardian Signature

Date



FBC Mauldin Christian Academy Daycare/Preschool Enrollment Form for 2017/2018

Date of Enrollment _____

Class Enrollment _____

Identifying Data:

Child's Name _____ Birth date _____
Last First Middle

Name Used _____ Sex M F Birthplace _____
City, State

Student Lives with _____

Who is Financially Responsible for the Student's Account? _____

Family Data:

Father or Guardian's Name _____

Address _____ City, Zip _____

Phone Numbers _____ (H) _____ (W) _____ (Cell) _____ (Pager)

Email Address _____

Mother or Guardian's Name _____

Address _____ City, Zip _____

Phone Numbers _____ (H) _____ (W) _____ (Cell) _____ (Pager)

Email Address _____

Please list the names, relationship and ages of all brothers, sisters and other members of your child's usual household:

NAME	RELATIONSHIP	AGE

If parents are separated or divorced, with whom does the child live with and what relationship are they to the child? Please include any special instructions regarding custody. Attach court documentation if applicable. _____

Is your child adopted? Y N Does he/she know? Y N

Religious affiliation _____ Are you a member of a local church? _____



FBC Mauldin Christian Academy Daycare/Preschool Enrollment Form for 2017/2018

If so, what church _____

How would you describe your child's role in your family? Is he/she the "good little brother/sister", "the questioning child", etc.?

Please describe any unusual circumstances in your family that you think we should be aware of (divorce, alliances, death, frictions, accidents, medical problems, etc.):

What things are done together as a family?

Child's Behavior Patterns and Habits

Does your child have any particular habits or mannerisms, such as thumb sucking or nail biting? Please describe:

Does your child have any particular fears, such as dogs or sirens; does he/she have any nightmares? Please describe:

Does your child use any peculiar words or expressions (such as "wee-wee" for urine) that may not be understood by an outsider? Please describe:

In general, how does your child react to anxiety or a stressful situation? Does he/she cry, withdraw, and throw tantrums?

Has your child had the experience of being cared for by adults other than members of your family? Please describe:

What is your accustomed mode of disciplining your child? What is your "philosophy" of discipline? Please describe:



FBC Mauldin Christian Academy Daycare/Preschool Enrollment Form for 2017/2018

If punishment is necessary, how do you punish him/her?

Does your child speak English? _____ Any other languages? _____

To the best of your knowledge, does your child have any language problems or learning disabilities?

Does your child have any emotional disturbances or physical handicaps?

Is your child potty trained for urine? _____ For bowels? _____

How frequently does he/she move his/her bowels? _____

Do you have any particular concerns about your child's toilet habits?

Does your child eat by him/herself? _____ Does he/she enjoy eating? _____

What are your child's food likes/dislikes?

Do you have any particular concerns about your child's eating habits?

MEDICAL SECTION

Allergies

Does your child have any **environmental** allergies?



FBC Mauldin Christian Academy Daycare/Preschool Enrollment Form for 2017/2018

Does your child have any **food** allergies?

Does your child take or carry any special medicine for their allergies, such as an "Epi-Pen"? Please describe:

Miscellaneous

Is there anything else in your child's developmental history that you think we should be aware of?

Has your child been removed from a daycare center in the past? Yes No

If so, why? _____



**FBC Mauldin Christian Academy
Pick Up Authorization Form
2017/2018**

CHILD'S NAME: _____

DATE: _____

The following people are authorized to pick up my child from FBC Mauldin Christian Academy:

(Please include parents and/or guardians.)

Name: _____

Driver's License #: _____

Relation: _____

Name: _____

Driver's License #: _____

Relation: _____

Name: _____

Driver's License #: _____

Relation: _____

Name: _____

Driver's License #: _____

Relation: _____

Name: _____

Driver's License #: _____

Relation: _____

Name: _____

Driver's License #: _____

Relation: _____

Parent/Guardian Signature: _____

Date: _____

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: **Mon** **Tue** **Wed** **Thurs** **Fri** **Sat** **Sun**

Check all meals Child will receive daily: **Meals are not offered** **Breakfast** **Morning Snack** **Lunch**
 Afternoon Snack **Dinner** **Evening Snack**

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee



FBC Mauldin Christian Academy

Tuition Contract – Afterschool

For my child, _____, I agree to pay Mauldin Christian Academy, the following tuition fee for childcare services during the 2017-2018 school year beginning August 21, 2017.

WEEKLY Tuition payments will only be accepted through Auto Draft Payment. Please complete the MCA Auto Draft Form and return to the MCA office.

Your child's registration fee is an additional charge. This fee will not be applied to your first week's payment. There will be no refunds for absences of any kind. You are enrolling your child for **ALL** the weeks that MCA offers our after-school program, including the week before Christmas (Dec. 19-23) and Spring Break Week (April 10-14 1, 2017). All weeks are the same cost regardless of holidays. We do not pro-rate. We are closed for one week in December, and parents are not charged for this week. MCA Elementary school ends the school year on June 1, 2018. Greenville County Schools end their year on June 6th. Afterschool care will be available for all day care June 4-8th for an additional \$10 per day.

_____ \$65.00 After-School Program

****\$10.00 extra per day on school holidays, this fee will not come out of Auto Drafts. Checks or cash are acceptable.**

****Children may arrive at the Center anytime after 7:30am and must be picked up by 6:00 pm.**

Please initial your agreement:

_____ I understand that if my account is overdrawn, there is a \$30.00 insufficient fund fee that will be due.

_____ I understand that if my account is two weeks in arrears (unless arrangements have been made with the Academy Director), services may be terminated immediately.

_____ I understand that there is a \$15.00 late fee payable at the time of service if my child is picked up from 6:00 - 6:15 pm. I also understand that there will be a \$1.00 per minute charge for each additional minute after 6:15 pm

NOTICE OF WITHDRAWAL: Parents/Guardians must give a WRITTEN notice of at least TWO WEEKS prior to the child's last day at MCA. If less than two weeks notice is given, parents/guardians will be charged two weeks from the date of the notice given.

Parent's Signature	Date	FBC MCA Representative	Date
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Office Use Only: **Deposit amount paid:** _____ **Date:** _____

Date of Enrollment: _____



Media Release Form

Please read the content of this document regarding the use of media at Mauldin Christian Academy.
Parents have the option to approve or deny the use their child's picture.

I am the parent and/or guardian of (please print) _____

I hereby authorize and give full consent to Mauldin Christian Academy to publish school related photographs in which my child appears while enrolled as a student in any and all programs of Mauldin Christian Academy. I agree that Mauldin Christian Academy may use these photographs in Academy brochures, school website, newsletters, advertising, poster displays, slide shows, videotapes, catalogs, CD-ROMS, and other school related publications without limitations or reservations. The use of my child's pictures is not dependent upon my child's future enrollment in the school.

_____ I approve and consent to the use of photographs subject to the terms mentioned above. I have the legal right to issue such consent.

_____ I DO NOT approve or consent to the use of photographs subject to the terms mentioned above. I have the legal right to deny such consent.

Parent's name (print) _____

Parent's signature _____

Date _____



FBC Mauldin Christian Academy Permission Slip for All Field Trips For 2017/2018

I give my consent for my child, _____, to be transported by Mauldin Christian Academy staff in Mauldin Christian Academy vehicles or staff personal vehicles; or vehicles owned and driven by parents of children within the program to all field trips. I will be notified of all field trips in advance. I understand that if I do not want my child to participate, I will need to make other arrangements for their care.

Parent/Guardian Signature: _____ Date _____



Mauldin Christian Academy

150 South Main Street

Mauldin SC 29662

864-288-1917

fax: 864-679-1623

Behavior Contract

Due to the many field trips and the busy schedule we have this summer, these are the basic rules we expect the children to follow. If these rules are continuously broken, a written warning will be sent home. After two written warnings the child will lose the next field trip. If your child loses a field trip they will not be able to attend summer camp at the Academy for the day and you will have to find an alternative place for them to stay. Also, you will not be given a credit on tuition for this day. This policy will only be implemented for severe cases of misbehavior.

1. I will respect my teachers and friends at all times.
2. I will follow directions and obey the summer camp teachers.
3. I will not hit my friends or teachers.
4. I will not use profanity.

I agree to pay for or replace any property or items that my child intentionally destroys at Mauldin Christian Academy. This includes any destruction done to the church or other properties that we visit.

Please sign and return. We must have this returned for your child to participate in the activities of summer camp.

Thank you,
Summer Camp Staff

Parent Signature _____

Child Signature _____