

**REGISTRATION FORM FOR 2024-2025 SCHOOL YEAR  
MOUNT TABOR AFTERSCHOOL CARE PROGRAM**

3543 Robinhood Road  
Winston-Salem, NC 27106  
336-760-0363

<b>OFFICE USE ONLY</b> <b>Registration:</b> Amount Received: _____ Date Received: _____
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CHILD'S FULL NAME \_\_\_\_\_ Male/Female \_\_\_\_\_

NAME CALLED \_\_\_\_\_ DATE OF BIRTH (M/D/Y) \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE FOR 24-25 SCHOOL YEAR \_\_\_\_\_ AGE \_\_\_\_\_

<b>PROGRAM TUITION:</b>	Check the box to indicate your registration	<b>Registration Fee</b>	<b>Monthly Tuition</b>
<input type="checkbox"/>	<b>Full Time (attending 3 days/week or more):</b> 1 child	\$70.00	\$255.00
<input type="checkbox"/>	<b>Part Time (attending 2 days/week or less):</b> 1 child	\$70.00	\$205.00
<input type="checkbox"/>	<b>Full Time:</b> 2 children attending from the same family	\$140.00	\$485.00
<input type="checkbox"/>	<b>Part Time:</b> 2 children attending from the same family	\$140.00	\$385.00

**\*\* If electing a part time option: please mark the days your child/children will be attending:** M  T  W  TH  F

**Mother's Full Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Mother's Email \_\_\_\_\_

Mother's Occupation/Employer \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Father's Email \_\_\_\_\_

Father's Occupation/Employer \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

<b>Preferred email to receive correspondence from Mount Tabor Afterschool Office</b> _____
<b>Preferred phone number to use for Remind communications</b> _____

Church Membership or Affiliation \_\_\_\_\_

**\*\*It is the responsibility of the parent/legal guardian to complete this form in its entirety and keep it updated.**

**\*\*\* It is implied, if both parents information is provided above that both parents are authorized to pick up.**

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

**Registration is not complete until these forms are completed and the registration fee has been paid. Thank you!**

## Mount Tabor Afterschool Financial Policies

**Registration:** The **\$70** registration fee is due at the time of registration and is **non-refundable**. All accounts must be current to be eligible to register for the upcoming school year.

**Tuition: Tuition rates and due dates can be found in the parent handbook**

- Tuition is based on the 2024 – 2025 school calendar and is divided into nine equal payments. The first payment is due August 9<sup>th</sup> with subsequent payments due on the 16<sup>th</sup> of each month. Past due tuition payments are subject to a \$15.00 late payment fee. **We DO NOT SEND A BILL for tuition.**
- Once payments for services are made, there will be no credits, refunds, reimbursements, or adjustments made to tuition for any days missed from afterschool for any reason including, but not limited to child illness, family vacations, COVID related issues, withdrawal from the program, inclement weather, building power outages, and/or the inability to enter the building.
- Please **make checks payable to Mount Tabor Afterschool Care**. A tuition box is located outside the Assistant Director's office. If you prefer to mail your payment, the address is: Mount Tabor Church Afterschool, 3543 Robinhood Road, Winston-Salem, NC 27106. **PLEASE DO NOT SEND PAYMENT IN YOUR CHILD'S BOOKBAG.**

**Late Pick Up Fee:** Students must be picked up by 6:15 pm each day. Failure to do so will result in additional fees of \$15 to \$50 per each late pick up. Late pick up fee schedule is outlined and can be found in the parent handbook.

**Insufficient Funds/Returned Check Fee:** An insufficient fund/returned check fee of \$25.00 will be charged for each auto draft reversal/check returned to the afterschool from the bank. This fee will be enforced.

**Scholarship Program:** The Afterschool Scholarship Program is a financial assistance program for families which are unable to meet their full tuition obligation. For additional information on our scholarship program, please refer to your parent handbook.

**Sibling Discount:** A sibling discount will be given when more than one child from the same household is enrolled at the same time. The discount will remain in effect if more than one child is enrolled at the same time.

**Withdrawal:** We ask that families provide a 2-week written notice. Parents will be asked to complete an official withdrawal form. Forms can be found in the parent handbook, church website, or provided by Program Administration. Once the official withdrawal form has been submitted and completed, parents will receive a final tuition statement and a signed copy of the withdrawal form. Both the parents and administration will be asked to sign the withdrawal form.

**More Detailed information:** on Mount Tabor's Afterschool Care registration, tuition and fees, and financial policies, including the tuition payment schedule, can be found in the parent handbook.

I have read and understand the above information on this sheet regarding Mount Tabor Afterschool's registration, tuition, fees, and financial policies for the 2024 – 2025 school year. I understand that the parent handbook contains additional detailed information on the above-mentioned financial policies. I understand that failure to pay registration and tuition by the specified date will result in my child's withdrawal from the program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MOUNT TABOR AFTERSCHOOL  
Medical Information**

Child \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Emergency Room Preference \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Allergies or Dietary Restrictions (Please list all Allergies including food allergies) \_\_\_\_\_

Please list any medications necessary for allergies (ie Benadryl, Epi-Pen, etc) \_\_\_\_\_

**\*\*\*If your child's allergies require the use of medication for a possible anaphylaxis reaction, please see the office to complete an Emergency Medication Administration Form.**

Other helpful medical information \_\_\_\_\_

**AUTHORIZED PICK – UP/EMERGENCY CONTACTS**  
(Local Contacts Only – do not list yourself and/or spouse)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency or child's illness, when a parent/guardian cannot be reached, the above emergency contacts have my permission to be contacted and pick up my child from Mount Tabor UMC Afterschool. I understand that if I plan for anyone other than a parent/guardian to pick up my child that a written notice must be provided to the Program Director and/or Assistant Director.

**EMERGENCY TREATMENT**

In the event of an accident or illness which requires immediate medical treatment when a parent can not be located, I give permission for the Afterschool Director of Mt. Tabor United Methodist Preschool or other afterschool personnel designated by the director to authorize needed treatment. I will not hold the afterschool nor medical personnel responsible. I assume all financial responsibility for the delivery of such care. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

It is the responsibility of the parent/legal guardian to complete this form in its entirety and keep it updated.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mount Tabor United Methodist Church**

2024 - 2025

**Likeness Waiver for Minors**

**Safe Sanctuaries Policy for the Protection of Children & Youth**

Mount Tabor United Methodist Church of Winston-Salem, NC, has my permission to use the photographs, videos, audio or likeness of my children to be displayed on the Mount Tabor United Methodist Church website and those of its programs and ministries, any Mount Tabor United Methodist Church social media sites (such as Facebook, Twitter, etc.), or any other form of media whether, print, audio, or internet based. By signing below I waive any right to approve or review any such photograph, video, audio, or likeness.

These photographs, video, audio, etc., are only for entertainment and promotional purposes and not for resale. These images will be used only in accordance with the Cyber Safety portion of the Mount Tabor United Methodist Church Safe Sanctuaries Policy for the Protection of Children & Youth.

No names of children/youth will be placed in direct connection with any photograph, video, likeness, etc., on Facebook or similar social media sites. No Mount Tabor United Methodist Church staff members, ministry volunteer, or designee will "Tag" the name of any children/youth found in any photograph, video, or likeness on any associated Mount Tabor United Methodist Church social media site.

This waiver shall permanently remain on file until requested by the parent/guardian to be removed, or until the 18<sup>th</sup> birthday of the child/youth.

Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

Minor's Name: \_\_\_\_\_  
Last First MI Goes By

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Contact #: \_\_\_\_\_

Date Collected by Mount Tabor UMC staff: \_\_\_\_\_

Signature of Mount Tabor UMC staff: \_\_\_\_\_