

**REGISTRATION FORM FOR 2026-2027 SCHOOL YEAR
MOUNT TABOR UMC AFTERSCHOOL CARE PROGRAM**

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

| |
|--|
| OFFICE USE ONLY Registration: Amount Received: _____ Date Received: _____ |
|--|

CHILD'S FULL NAME _____ Male/Female _____

NAME CALLED _____ DATE OF BIRTH (M/D/Y) _____

SCHOOL _____ GRADE FOR 26-27 SCHOOL YEAR _____ AGE _____

| PROGRAM TUITION: (Check the box to indicate your registration) | Registration Fee | Monthly Tuition | Please indicate your child's means of transportation: |
|--|-------------------------|------------------------|--|
| <input type="checkbox"/> Full Time (attending 3 days/week or more): 1 child | \$70.00 | \$270.00 | WS/FCS Bus (Jefferson Elem. only) |
| <input type="checkbox"/> Part Time (attending 2 days/week or less): 1 child | \$70.00 | \$220.00 | |
| <input type="checkbox"/> Full Time: 2 children attending from the same family | \$140.00 | \$515.00 | Car |
| <input type="checkbox"/> Part Time: 2 children attending from the same family | \$140.00 | \$440.00 | MTUMC Van (Speas/Sherwood Elem. only) |

**** 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 _____

| |
|--|
| Preferred email to receive correspondence from Mount Tabor UMC Afterschool Office _____ |
| Preferred phone number to use for Remind communications _____ |
| Who referred me to Mount Tabor UMC Afterschool Care Program _____ |

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 UMC 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 2026 – 2027 school calendar and is divided into nine equal payments. The first payment is due August 7th with subsequent payments due on the 16th of each month. Past due tuition payments are subject to a 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 UMC Afterschool Care**. A tuition box is located outside the Assistant Director's office. **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. The late pick-up fees are outlined 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 two or more children from the same household are enrolled full-time simultaneously.

Van Transportation Fee: There is a \$25/month fee per child using the program's van transportation service.

Car Seat Rental Fee: There is a \$5 monthly fee for those students riding the van who are required to be in a car seat. Please see the parent handbook for additional details.

Withdrawal: We ask that families provide a 2-week' written notice. Parents will be asked to complete an official withdrawal form. Forms can be obtained from 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.

Enrollment Status Change: There is a one-time free enrollment status change. All subsequent changes going from full-time to part-time will incur a \$30 fee and require administrative approval.

Family Referral Program: There is a one-month tuition credit of \$35.00 offered for every new family you refer that meets the criteria as presented in the Parent Handbook.

More Detailed information on Mount Tabor's UMC 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 UMC Afterschool's registration, tuition, fees, and financial policies for the 2026 – 2027 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 UMC 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 (i.e., 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 Church 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

2026 - 2027

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 18th 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: _____