



Metro Christian Academy's

# SUMMER SENSATIONS

322 East Cedar St.  
Goodlettsville, Tennessee 37072  
(615) 859-1184, ext. 20

Family ID \_\_\_\_\_  
Student ID \_\_\_\_\_  
Reg Fee \_\_\_\_\_  
Supply Fee \_\_\_\_\_  
Start Date \_\_\_\_\_  
Paperwork:  
App(1) \_\_\_\_\_ App(2) \_\_\_\_\_  
Trans(3) \_\_\_\_\_ Em (4) \_\_\_\_\_  
(5) 3day \_\_\_\_\_ Or (6) FT \_\_\_\_\_  
Imm Rec \_\_\_\_\_  
Date Received \_\_\_\_\_  
Rec'd by (Initials) \_\_\_\_\_

Grade: \_\_\_\_\_ (As of Spring 2018)

**Child's**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Goes by: \_\_\_\_\_ Gender: \_\_\_\_ M \_\_\_\_ F Ethnicity: \_\_\_\_\_ U.S. Citizen: Yes No (If no, immigration status card is required to be on file in the office)

**Child's**

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Is your child presently enrolled for the school year (2018-2019) at Metro Christian Academy? \_\_\_\_\_

Street Address where the child resides: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Mother:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father email: \_\_\_\_\_ Mother email: \_\_\_\_\_

With whom does the child reside? Both or \_\_\_\_\_ Who is the legal guardian of the student? \_\_\_\_\_

Elementary school your child attended in 2017-2018: \_\_\_\_\_ Grade Completed \_\_\_\_\_

Brother(s) and/or sister(s): (1.) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ At MCA? Y or N  
(2.) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ At MCA? Y or N  
(3.) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ At MCA? Y or N

Others: \_\_\_\_\_

✓ Frequency of attendance:

Church Attending: \_\_\_\_\_ 1-2 times a week \_\_\_\_\_ 1-2 times a month \_\_\_\_\_ 1-2 times a year \_\_\_\_\_

## Summer Sensations Permission Slip (Completed K5-6<sup>th</sup> Grade)

My Child, \_\_\_\_\_, has permission to ride the Metro Summer Sensations Program Bus.  
Child's Name

My child may attend all the away activities that are included on the Summer Sensations Program Calendar. I am aware that this may include activities such as swimming, skating, bowling, putt-putt golf, going to the park, and/or other field trip activities.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

- A. **ADMISSION REQUIREMENTS** – Metro Summer Sensations is open to children in grades K5 to 6<sup>th</sup>. No child shall be excluded on the basis of race, color, national origin, or ancestry. All children should be able to function at or near the level of other children their age.
- B. **ILLNESS** – The health of the children in our summer program is of major importance to us. For this reason, no child will be admitted to Summer Sensations with any of the following symptoms: Fever-100° or higher (or has had fever in the last 24 hours), nausea, diarrhea, and/or vomiting, unexplained rash, or drainage from the eyes. Children with strep throat or “pink eye” must be on antibiotics for at least 24 hours before returning to Summer Sensations. In cases of head lice, we have a “nit free” policy. Once a child is sent home for head lice, a head exam must be done in the school office before they may return to their group.
- C. **DROP-OFF / PICK-UP** – An adult escort is not necessary for the drop-off of children who have completed K5-6<sup>th</sup> grades. Please drop your child off at the gym. The only people authorized to pick-up your child are the adults on the Transportation Plan. Photo ID should accompany all those picking up children. Adults, other than those on the Transportation Plan Form, may only pick-up a child if the parent or guardian has given advance notification to the office. All children must be signed out by an adult daily by initialing the sign-out sheet.
- D. **OPERATING HOURS** – Our hours of operation are from 7:00 AM to 6:00 PM. Admission to the building is not allowed before 7:00 AM. If your child is picked up after hours between 6:00 PM – 6:15 PM, there will be a \$15.00 charge per quarter hour. At 6:30 PM, the charge doubles to \$30.00 per quarter hour. This must be paid with your next week’s summer camp payment.
- E. **REGISTRATION FEES** – Registration for the summer program is \$50.00. This fee is waived for those who have already paid a registration fee for fall enrollment at MCA. **OTHER FEES-** \$50.00 Supply Fee. ALL FEES ARE NON-REFUNDABLE.
- F. **IMMUNIZATION** – A current **Tennessee Child Health Record** must be submitted with the registration packet. These forms are health / immunization forms that you can get either at the Health Department or at a Tennessee Pediatrician’s office. If you have recently moved to Tennessee you will have to take your existing shot records to a Tennessee Pediatrician or to the Health Department and have those records transferred to the Tennessee form.
- G. **WEEKLY CHARGES** - Summer patrons have two options for attendance and payment. **Please initial your desired contract.**
- ☐ 1. **Contract I – Full-time – 5 days/week: (\$160/wk)** This option guarantees your spot in Summer Sensations for the entire summer (10 weeks). Patrons who have attended or will attend for at least 8 weeks are allowed two weeks (10 days) of free vacation time. A vacation form must be given to the business office prior to your days off in order to receive a vacation credit. Children may not attend summer camp on any day that is to be credited for vacation. All full-time patrons may make payments weekly, bi-weekly, or monthly; but they must be made *in advance*.
- ☐ 2. **Contract II – Part-time – 3 days/week: (\$120/wk)** This option allows you to choose the specific three days that your child will be attending each week throughout the summer. There is no discount if you choose to only come one day during any given week. Your account is charged every Monday according to the contract you choose. SWITCHING DAYS: You may switch days during any given week as long as there is availability in that group for that day. These changes in days of attendance must be made no later than the Friday before the week you would like the change. VACATION CREDITS: You may designate two weeks as vacation weeks, where your child will not have care and your account will not be charged. (If you have a 3-day contract you will get 6 days of vacation.)
- H. **ADDITIONAL FINANCIAL POLICIES** - All weekly fees must be prepaid by the Friday or Monday morning before care begins. All payments may be turned in to the workers at drop-off or pick-up, mailed, or dropped off in the school office. We also have Auto Bank Draft (ACH) available. There is no reduction of fees for the weeks including Memorial Day or Independence Day though we are closed those days. All vacation credits will be applied to your account 2 weeks AFTER the requested vacation date.
- I. **PARENTAL DISCIPLINE INFORMATION/PERMISSION** - Metro Christian Academy believes that proper discipline is necessary for the welfare of the student, as well as the entire summer program. It is impossible for learning and fun to take place unless control and order are maintained. We are committed to maintaining discipline and Godly standards for all students who are in our summer program. However, we believe the ultimate responsibility of a child’s discipline belongs to their family. Because attendance at Metro Summer Sensations is a privilege and not a right, any student who does not conform to the standards and regulations of the program may forfeit the privilege to attend Summer Sensations. The school may request withdrawal of any student at any time, when in the opinion of the administration that student does not fit the spirit of the summer program. When making decisions concerning discipline problems, the welfare of all the students and families in our program takes precedence over the need of one student.
- I give the principal and teachers of Metro Summer Sensations permission to use reasonable classroom discipline. I understand that Metro Christian Academy does not administer corporal punishment; however, I / we (the parent or guardian) will be willing to come to the school to discipline my/ our child if all avenues of classroom discipline have been unsuccessful. I understand that if the school administration feels: (1) that all avenues of discipline have been pursued without improvement, (2) or that my child’s behavior has repeatedly been a major disruption in the summer camp, (3) or that my child has purposefully inflicted bodily harm to a teacher or repeatedly to their classmates, they will be asked to withdraw from the summer program.
- I. **CONSENT** - I hereby authorize you to make whatever inquiries you deem necessary to process this application. I have read and understand the above sections of the Admissions Agreement. I understand that my signature shows that I agree to support the policies listed above.

Father’s Signature

Date

Mother’s Signature

Date

**Payment Plan (Please check one box)**

Full-time Contract I – 5 days (\$160/wk)

Part-time Contract II – 3-days (\$120/wk)

**All fees are non-refundable**

☐
☐



**A MINISTRY OF METRO BAPTIST CHURCH**  
**322 East Cedar Street, Goodlettsville, TN 37072**  
**(615) 859-1184, ext. 20 office (615) 859-5562 fax**

**Transportation Plan for: 2018 Summer Sensations**

*Please complete in Blue or Black ink only.*

Please list all children to which this form applies. Children with a different plan must be on a separate form.

Name (first & last) _____	Grade _____	Birthdate _____
Name (first & last) _____	Grade _____	Birthdate _____
Name (first & last) _____	Grade _____	Birthdate _____
Name (first & last) _____	Grade _____	Birthdate _____

**Legal Custody Cases and Pick-Up Restrictions**

Please be aware that in the case of legal divorce or custody issues, we must have a copy of the legal custody papers in the child's file in order to keep any parent from picking up his/her child. Please indicate in the following blanks any parent, relative, or other adult that may not pick up your child.

Name \_\_\_\_\_ Is the legal documentation provided to us? Y or N Admin. ☐  
Initials

**If there is joint custody or a visitation plan, please explain the arrangement in relation to pick-up:**

\_\_\_\_\_

\_\_\_\_\_

Metro Christian Academy requires parents to have on file, for each child at the school, a list designating adults allowed to pick up your child. This list will be used to verify who may and may not be allowed to pick up your child from the school. Persons on the transportation list that pick up a child may be required to show a Photo ID. In an emergency, a note signed by a custodial parent that designates someone other than the persons listed on the transportation form to pick up a child will be accepted. In joint or pending custody cases both parents must sign or give permission for alternate pick-up plans. **Please Note:** Metro Baptist Preschool and MCA employees will notify authorities if the administration feels that a parent or guardian may place the child(ren) they are seeking to pick up at immediate risk. (Example: If a parent appears intoxicated and is driving the vehicle the child(ren) are to leave in.) If any person other than a parent arrives to pick-up the child(ren) and it appears that they may place the child(ren) at risk, the child(ren) will be held and a parent notified and asked to make alternate pick-up arrangements.

**Please include both parents' names when applicable.**

Name Please include parent name(s)	Relationship	Check one of these 3 columns			Phone Number
		At any Time	Only with Permission	Per Visitation Plan	
1.	<b>Father</b>				
2.	<b>Mother</b>				
3.					
4.					
5.					
6.					
7.					
8.					

**I designate the above adults to pick up my child.**

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

***My child's swimming ability is (check one and initial the "deep-end" box if it applies)***

☐

Unable to swim

☐

Beginner

☐

Intermediate

☐

Expert

☐

Please initial in the box if your child has your permission to go off of the diving board and swim in the deep-end of the pool, **if** he/she passes the pool swimming test.

☐

Please initial in the box if your child runs out of the sunscreen you provide and MCA has permission to administer another type sunscreen to your child.

### ***Summer Camp Policies***

I have read the Metro Christian Academy Summer Camp Policies and discussed them with my child (ren), and we agree to support the policies.

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Parent's Signature

## **Medical Release for Emergency Situations**

### **To Whom It May Concern:**

As a parent and /or guardian, I do herewith authorize Metro Christian Academy and their representatives to secure any medical treatment necessary that, if delayed, may endanger my child's life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold Metro Christian Academy responsible in the event of an accident that may harm my child. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Name of Minor Child	Name of Minor Child	Name of Minor Child
_____	_____	_____
<b>Date of Birth:</b> _____	<b>Date of Birth:</b> _____	<b>Date of Birth:</b> _____
<b>Allergies/Sensitivities:</b>	<b>Allergies/Sensitivities:</b>	<b>Allergies/Sensitivities:</b>
_____	_____	_____
<b>Current Medications:</b>	<b>Current Medications:</b>	<b>Current Medications:</b>
_____	_____	_____
_____	_____	_____

Parent's Names: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Notarized by: \_\_\_\_\_

(Notary Available in School Office)

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

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

Metro Christian Academy Summer Sensations 2018

5 of 5  
**VACATION DAYS**

Child's First Name

Last Name

Grade (as of spring 2018)

**Please CIRCLE any days your child will be ABSENT during the summer for VACATION.**

(Please Call Mrs. Augustin at 859-1184 Ext. 21 for any additions or changes in your vacation schedule.)

***VACATION CREDITS WILL BE APPLIED TO ACCOUNT 2 WEEKS AFTER VACATION DATE***

**Contract I – Full-time 5-days**  
**(2 wks/10 days of vacation time)**

**Contract II – Part-time 3-days**  
**(2 wks/6 days of vacation time)**

May/June

May 29-June 1 (CLOSED 5/28)	☺	T	W	Th	F
June 4-8	M	T	W	Th	F
June 11-15	M	T	W	Th	F
June 18-22	M	T	W	Th	F
June 25-29	M	T	W	Th	F

July

July 2-6 (CLOSED 7/4)	M	T	☺	Th	F
July 9-13	M	T	W	Th	F
July 16-20	M	T	W	Th	F
July 23-26 (CLOSED 7/27)	M	T	W	Th	☺

August

July 30 - Aug. 1	M	T	W	☺	☺
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May 29-June 1 (CLOSED 5/28)	☺	T	W	Th	F
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August

July 30 - Aug. 1	M	T	W	☺	☺
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(July 30 – Aug. 1: Charges for this week are the same as a full week even though we do not offer care on Thursday or Friday for anyone. Thursday and Friday are in-service days for all staff and they will get their rooms ready for the new academic year.)

**End of Summer Schedule**

July 26	Last Day of the Summer Program -Special Activities (Park, pool, etc.)
July 30-Aug. 1	Childcare IS available for K3-6 <sup>th</sup> <b><u>for the regular weekly fee</u></b> (3 days of care with no scheduled program activities)
Aug. 2 & 3	Preschool & SS <b>Closed</b> NO CARE AVAILABLE Teacher in-service days
Aug. 3	Open House at 6:00pm-7:30pm (Parent Meeting at 6:00 for Academy and Preschool in the auditorium)
Aug. 6	First day of the academic year for Preschool and Academy

Metro Christian Academy

# SUMMER SENSATIONS

## Take Home Info

(Keep this page for your records)

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