

Please check in the box if you give permission for the following:

_____ I give permission to Seasons MDO and The Church of Corinth to use my child's pictures for various school projects such as memory books, crafts, bulletin boards, etc.

_____ I give permission to Seasons and The Church of Corinth to use my child's name and phone number, and parents name and or email address in the school directory or distributed class lists.

_____ I give permission to use my child's picture on the church website. No names will ever be listed with a child's picture.

MANDATORY ADMISSION REQUIREMENT

_____ I have provided Seasons MDO with a copy of my child's most current immunization record, and physician health check. I understand that that I must have this completed before my child can attend Seasons MDO and Preschool.

Your child must have one of the following before admission to Seasons MDO and Preschool. Please check only one option:

_____ **1. HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he/she is able to take part in the MDO program.

_____ **Health Care Professional's Signature**

_____ **Date**

_____ **2. A signed and dated copy of a health care professional's statement is attached.**

_____ **3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.**

_____ **Signature-Parent/Guardian**

_____ **Date**

Medical Release Statement

In the event of an emergency **I give consent to any licensed physician** to examine, treat and perform any essential, emergency and or surgical procedures, determined to be necessary on my child. I also give my consent to Seasons Mother's Day Out and The Church of Corinth, to allow my child to participate in classroom and outdoor activities. I release Seasons Mothers Day Out and The Church of Corinth from legal or financial responsibility, which might result from accidental harm or injury to my child, while under the care and supervision of Seasons Mother's Day Out and The Church of Corinth staff.

Initials _____

Listed below is additional information about my child and their physician:

Name of Physician _____ Phone Number: _____

Address: _____

Name of Hospital _____ Phone Number: _____

Address: _____

Financial Contract

I, _____ (Parent/Guardian) hereby contract with Seasons Mother's Day Out and Preschool to enroll my child _____, in the Seasons MDO and Preschool Program. Below I acknowledge and agree to abide by the following terms and conditions as indicated in the contract. **(Please read and initial every area to indicate acknowledgement.)**

Application Fee: Fees are due at the time of registration and are NON-REFUNDABLE. There is a \$100 new application fee per family. There are two enrollments per year- 9 month school year and a separate summer program. Current families pay enrollment fees of \$50 per family per session and fee is non-refundable and due to hold child's enrollment.

(Initials)

Tuition Payment: I understand that I am to pay the tuition fee to The Church of Corinth on the 1st day of class each month. I understand that the tuition is split into 9 equal payments Seasons does not pro-rate or discount the tuition fee for school closings, school breaks, student family vacations or holidays. 2013-2014 tuition begins in September and the last payment is in May. Tuition is payable per year, or in equal monthly payments. A 10% discount is available for those desiring to pay the entire tuition in full at the beginning of the year. Siblings that are 24 months and older can receive \$25 off their monthly tuition. Financial Aid is available on a limited basis. An application for financial assistance can be obtained from the director. Tuition for summer is due June 1st and July 1st. There are no discounts or financial aid for the 8 week summer session.

(Initials)

Late Fees: I understand that payments made more than seven days past the due date will be considered late and will incur a \$10 late fee. I understand if I fail to pay tuition for my children and/or do not make payment arrangements with the Seasons Director, Seasons reserves the right to discontinue the services they provide for my family until payment arrangements have been made and/or my bill has been paid in full.

(Initials)

Absenteeism: No credit will be issued or substitution days allowed in the event your child is absent due to illness or vacation. This applies to the event that your child is sent home early from school due to illness or other factor.

(Initials)

Withdrawal Policy: I understand that a two week written notice is required if I find it necessary to remove my child from the program and I am responsible for the tuition through the end of the two week notice.

(Initials)

Late Pick Up: Parent or Guardian agrees to pick up their child promptly at 2:30 PM for school session and 3:00 PM for summer session. Any child that is picked up after 2:35 PM or 3:05 PM and the parent has not contacted the director of Seasons MDO, is subject to a late fee that will be due upon arrival. Late pick up fees are \$1.00 for every minute after 2:35 PM or 3:05 PM.

(Initials)

I have read the Seasons Mother's Day Out and Preschool handbook and agree to abide to the policies outlined within it. The information submitted in this application is true and accurate according to my best knowledge.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date