MCES 2024 Summer Program Registration Form

MCES 2024 Sur	nmer Program	n Registra	tion Form	
Student Last Name: F	First Name:		Middle Name:	
Date of Birth: Gender	[.] M F	2023-2024 S	chool Grade:	
Street: City:	Zip:		_ Phone:	
Current Family at MCES: Yes No P	(nown Allergies (no	ot seasonal)	:	
Student Lives With: Both Parents Mon	າ Dad C	Other:		
	Paren	t(s) / Guardia	an	
Custody Arrangements (if Applicable):				
Father Last Name:	Father First Name:	:		
Father Address (if different from Child)				
Father Occupation:	_ Father Employer:			
Father Cell Phone:	_ Father Work Pho	one:		
Father Email:				
Marital Status:	Spouse	e's Name:		
Mother Last Name:	_Mother First Name	e:		
Mother Address (if different from Child):				
Mother Occupation:	_ Mother Employe	r:		
Mother Cell Phone:	_ Mother Work Pho	one:		
Mother Email:				
Marital Status:	Spouse's	s Name:		

Schedule & Rates

Program will run from 6:30am until 6:00pm June 10th- August 16th. Latchkey and Preschool Summer Programs will be closed on July 4th and the week of August 19th-23rd due to preparing the rooms for the school year.

Non-Refundable Registration and Supply Fee of \$60 (increases to \$70 after May 20th). You will be charged for each day your child is scheduled to attend per this enrollment form. *Summer Program closes at 6:00 pm. \$5 per minute will be charged for every minute after 6:00pm.*

Drop off Time:	Pick up Time:	_				
Week 1 June 10 th -14 th	\$40 per day (\$200 full week)	М	_ T	_ w	Th	F
Week 2 June 17 th -21 st	\$40 per day (\$200 full week)	Μ	_ T		Th	F
Week 3 June 24 th -28 th	\$40 per day (\$200 full week)	М	_ T		Th	F
Week 4 July 1 st -5 th	\$40 per day (\$200 full week)	Μ	_ T	_ w	Th	F
Week 5 July 8th-12th	\$40 per day (\$200 full week)	М	_ T	W	Th	F
Week 6 July 15 th -19 th	\$40 per day (\$200 full week)	М	_ T	W	Th	F
Week 7 July 22 nd -26 th	\$40 per day (\$200 full week)	М	_ T	W	Th	F
Week 8 July 29 th - Aug	2 nd \$40 per day (\$200 full week)	М	_ T	W	Th	F
Week 9 Aug 5 th -9 th	\$40 per day (\$200 full week)	М	_ T	W	Th	F
Week 10 Aug 12 th -16 th	\$40 per day (\$200 full week)	М	_ T	_ w	Th	F

I hereby certify that: _

> My child is in good health with no activity restrictions

- > My child's immunizations are up to date
 - My child's immunization record is on file with the school office

Parent Initials:

Policy Signature Form

Parent Initials

A written information packet is provided at the time of enrollment at: http://www.mcesmonroe.com/early-childhood-parent-handbook.html.

The packet includes all the following information:

· Criteria for admission and withdrawal.

· Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.

- · Fee policy.
- · Discipline policy.
- · Food service program.
- · Program philosophy.
- \cdot Typical daily routine.
- · Parent notification plan for accidents, injuries, incidents, illnesses.

· Exclusion policy for child illnesses.

Photo Release

I do_____ *I* do not_____ Give Monroe Catholic Elementary Schools (MCES) permission to use photographs of my child to be used on the school website, in brochures, or other means of publicity. I also understand that my child *will not* be identified by name when photos are used for publicity purposes.

Licensing Notebook

Notebook Child Care Organizations Act, 1973 Public Act 116 Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed. > The center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. > The notebook will be available to parents for review during regular business hours.

Licensing inspection and special investigation reports from at least the past two years are available on the Department of Children and Adult Licensing website at www.michigan.gov/michildcare.

I, the undersigned, verify that I wish to contract service with MCES Summer Program. I have completed the registration packet to the best of my ability, addressed any concerns not included therein, and agree to abide by the policies thereof.

Parent/Guardian Signature:	 Date
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Parent/Guardian Signature:	Date
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