

NEW ENROLLMENT



A ministry of McGregor Baptist Church
 3750 Colonial Blvd.
 Ft. Myers, FL 33966
 Phone #: (239) 936-5015
 Fax #: (239) 689-2605
 Monday-Friday 7:00 am-6:00 pm
www.discovermela.com

2024-2025

Tuition

Start Date: AUGUST 5, 2024

***Age as of September 1, 2024**

	<u>Annual</u>	<u>Monthly</u>
Infants:	\$ 14,832	\$ 1,236
Toddlers:	\$ 12,636	\$ 1,053
*2-Years:	\$ 12,312	\$ 1,026
*3-5 Years:	\$ 11,988	\$ 999

***Tuition rates are calculated on an annual basis. For your convenience, we have offered a 12-month payment plan. Therefore, credits are not issued for pre-planned/holiday closures as outlined in the Parent Handbook.**

Enrollment Fees: \$260- 1st child \$235- 2nd Child

All registration fees are non-refundable. Enrollment is not complete until we receive a copy of the child's birth certificate, physical form, and immunization form.

Classroom Ratios

Infants:	4:1	2's:	11:1
Toddlers:	6:1	3's:	14:1
		4's:	19:1

Support Staff Contact Information

Name	Title	Ext.	Email
Cherie Gaither	Director	1243	cherie.gaither@mcgregor.net
Julie Beaird	Assistant Director	1044	julie.beaird@mcgregor.net
Beth Facella	Accounting	1399	beth.facella@mcgregor.net
Allison Lunsford	Administrative Coordinator	1244	allison.lunsford@mcgregor.net
Reghan Thomas	Curriculum Coordinator	1247	reghan.thomas@mcgregor.net
Rachel Kelly	Receptionist	1248	rachel.kelly@mcgregor.net

NEW ENROLLMENT
McGregor Early Learning Academy
2024-2025 Registration Form



INFORMATION SETUP FORM

Child's Information

Name: _____ Sex: ___M ___F
Birth date: ____/____/____ Current Age: _____
Age as of September 1, 2024 (for placement purposes for the entire school year): _____
Desired Start Date: 2024-25 enrollment starts August 5, 2024 other: _____ (child will be on waitlist)
Address: _____
City: _____ State: _____ Zip Code: _____
Primary method of contact preferred: Mom Email Dad Email Phone: _____
With whom does the child live? _____
Intended drop off time: _____ Intended Pick up time: _____
Known Allergies: _____ Referred by: _____

MOTHER'S INFORMATION Biological Mother Step Adoptive other _____
Name: _____ Marital Status M S Sep Div
Company: _____ Position: _____
Work Phone #: () _____ Cell Phone#: () _____
Email Address: _____ Checked throughout day? Y N

FATHER'S INFORMATION Biological Father Step Adoptive other _____
Name: _____ Marital Status M S Sep Div
Company: _____ Position: _____
Work Phone #: () _____ Cell Phone#: () _____
Email Address: _____ Checked throughout day? Y N

Office Use Only:

Class/ Age Group: _____ Rm. Assignment: _____ PIN: _____
Start Date: _____ Monthly Tuition: \$ _____
Registration Fee: \$ _____ Pd. Date _____ Parent notified of FACTS enrollment.
Siblings in program: _____ Discount: _____
Tuition/20 _____ x # _____ of days attended= 1st month \$: _____
Comments: _____

Child's name: _____

Pick-up Approval List

Security Question: _____?

Answer: _____

Name: _____ Relationship: _____ Phone Number #: _____

Address: _____

Name: _____ Relationship: _____ Phone Number #: _____

Address: _____

Name: _____ Relationship: _____ Phone Number #: _____

Address: _____

Name: _____ Relationship: _____ Phone Number #: _____

Address: _____

Your child will be released only to the custodial parent or legal guardian and the persons listed above. Those listed will also be contacted and are authorized to remove the child in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

The security question is an opportunity for the parents/guardian to provide a personalized question to the person(s) picking up, as an extra measure of security for McGregor Early Learning Academy to release your child to them.

Persons who are NOT permitted to pick-up child.

(Court ordered documentation must be provided)

Name: _____

Comments: _____

Are there any ongoing custody issues of which we need to be aware of?

Yes No

If yes, please explain:

Family Lifestyle Statement

By enrolling my child at MELA, I/we understand that the curriculum and core value of the school supports and will emphasize a biblical family, which is comprised of one man and one woman, who are married. (Matthew 19:4-5)

Parent/Guardian Signature

Date

Child's name: _____

Picture Release

Choose all that apply.

- I give permission for McGregor Early Learning Academy to use my child's image/picture for special crafts, events, or other projects pertaining to the program. (**Required** for full MELA curriculum participation)
- I give permission for McGregor Early Learning Academy to use my child's picture on social media pages, such as the MELA Facebook page, for promoting MELA. (optional)

Parent/Guardian Signature

Date

Spiritual Information

Church attended: _____

Are you a member? _____

Describe your involvement in church activities:

Do you have any prayer requests which you would like us to pray for?

Proximity Fob Agreement:

All parents/guardians, regularly picking up, are required to possess a Proximity Fob to gain entrance to the facility. Two fobs, per family, are included in the registration fee. If lost or damaged, you will be required to purchase a replacement Proximity Fob at \$15 per Fob. If your child is dismissed or withdrawn from the program, all fobs are to be returned to MELA.

I understand the above policy:

Parent/Guardian Signature: _____

Food and Snack Release

I give permission for my child _____ to participate in all food related activities.

Please check one of the following:

____ My child does NOT have a food allergy or dietary restriction.

____ My child DOES have a food allergy or restrictions. He/she may participate in activities, by may not eat or handle the following items: _____

____ My child DOES have a food allergy or restriction. He/she may **not** participate in any food related activities.

Emergency Contacts:

Child's Name: _____

Emergency Contact (#1)

Name: _____ Relationship: _____

Phone #: _____ Alternate #: _____

Emergency Contact (#2)

Name: _____ Relationship: _____

Phone #: _____ Alternate #: _____

Emergency Contact (#3)

Name: _____ Relationship: _____

Phone #: _____ Alternate #: _____

Child's Physician: _____ Phone #: _____

Address: _____

Child's Dentist: _____ Phone #: _____

Address: _____

Medical Center Preference: _____

Insurance Information

Is child covered by insurance? Yes No

Policy Number #: _____ Insurance Phone #: _____

Payment Agreement
McGregor Early Learning Academy



Child's Name: _____

Person Responsible for payment: _____

I (we) agree to create a FACTS account for tuition deduction. This will remain in effect for the duration of my child's enrollment. FACTS charges a \$50 yearly fee.

Parent Signature: _____ Date: _____

Tuition Prices:

I understand that tuition prices have been derived from the days McGregor Early Learning Academy is open in a school year. The annual tuition is spread out over 12 monthly payments. All closings and holidays have been accounted for and will not be credited to my account during those billing cycle. I also understand I may use my vacation credits at this time if I choose to do so.

Parent Signature: _____ Date: _____

Program Agreement:

I have read, understand, and agree to follow all policies set forth in the Parent Handbook, which includes the Discipline Policy. I have also received and read the "Know Your Childcare Facility" brochure. I understand my child's attendance is a privilege and if at any time the student or parent conduct, academic progress, or cooperation with McGregor Early Learning Academy authorities is not in keeping with the preschool policies and standards, then McGregor Early Learning Academy reserves the right to terminate my child's enrollment, at their discretion. This remains in effect for the duration of my child's enrollment. The handbook can be located online at: www.discovermela.com. I have also received the "Flu Vaccine" brochure, which is required by DCF. This does not require my child to have a flu shot, it is solely informational. I also understand that it is my responsibility to ensure that MELA has up to date health records at all times, from my child's doctor. I understand that, if at any time, my child's records are found out of compliance, they will be sent home until proper health records are provided to the school. I give permission for staff of McGregor Early Learning Academy to have access to my child's records.

Parent Signature: _____ Date: _____

Parent's Printed Name: _____

Withdrawal Policy

I understand that removing my child from McGregor Early Learning Academy, for any reason, requires a two-week written notice. Vacation time may not be applied towards a Two-Week Withdrawal notice.

(Please refer to the Parent Handbook, form must be filled out)

Parent Signature

Date

Medical Release of Information

I give my permission to McGregor Early Learning Academy to contact my child's physician in case of a medical emergency. My child's doctor may release any information that would be pertinent to the care of my child, in the event of a life-threatening emergency.

Physician's name or group: _____

Address: _____

Phone Number: _____ Fax Number: _____

Should my child become ill or suffer an accident of any character while he/she is in the care of McGregor Early Learning Academy, the director will contact me immediately. In the event I cannot be reached immediately, designated employee(s) of the program will be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment, or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

Parent Signature: _____ Date: _____

Parent's printed name: _____

Medical Authorization:

(MELA has notaries onsite to authorize this form)

I, hereby, authorize McGregor Baptist Church, McGregor Early Learning Academy to authorize and administer medical care to my child. This will remain in effect for the duration of my child's enrollment at McGregor Baptist Church/McGregor Early Learning Academy.

Child's Name _____

Parent/Guardian signature

Date

Notary Public Signature

Date

ID presented

Notary expiration date.

Personally Known

Notary Stamp/Seal

Get Acquainted Form

McGregor Early Learning Academy

Child's Name: _____

My favorite color: _____

My favorite food: _____

My least favorite food: _____

My favorite song: _____

I can do all these things by myself:

I am special because:

My nickname is: _____

I take naps daily: Yes No

I am afraid of: _____

Please list any foods that I cannot have: _____

Please list any pertinent information, which you would like your child's teacher to know: _____

Allergy Information:

Known allergies: _____

Additional medical conditions:

Has/Does child suffer from: (please list dates, if applicable) Asthma Heart Condition

Seizures other: _____