



2023 Registration Form

(Registration subject to Director approval)

Child's Name: _____ Grade Completed ____ Age: ____ DOB: _____

Address: _____ City & ZIP: _____

Shirt Size: _____ Known Allergies: _____

Preferred Communication: Phone Text: # _____ Email: _____

Intended Drop-off time: _____ Intended Pick-up time: _____

Mother's Name: _____

Employer: _____ Dept./Title: _____

Work Number: _____ Cell Number: _____

Mom's Email: _____ Checked throughout the day? Y/N

Father's Name: _____

Employer: _____ Dept./Title: _____

Work Number: _____ Cell Number: _____

Dad's Email: _____ Checked throughout the day? Y/N

Approved Pick-up List (other than Mother and Father):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Special Instructions: _____

I am enrolling for the full summer (8 weeks) May 30th through July 21st (closed July 3rd & 4th)

By signing below, I(student) am agreeing to abide by the behavior policy set forth in the McGregor Early Learning Academy Parent Handbook. A copy can be requested or read online at discovermela.com.

By signing below, I(parent) am authorizing my child to attend King's Camp at McGregor Baptist Church. I agree to abide by the policies and procedures set forth in the McGregor Early Learning Academy Parent Handbook, including all discipline and dismissal policies. A copy can be requested or read online at discovermela.com.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____



Child's Name: _____

Program: King's Camp, McGregor Baptist Church

Program Dates: May 30th - July 21st

I, _____, as a parent or legal guardian of _____, hereby give my permission for my child to participate in all King's Camp events and field trips. I hereby authorize McGregor Baptist Church/McGregor Early Learning Academy to act for me in their best judgment in any emergency situation requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son or daughter. I hereby waive any claim and forever discharge McGregor Baptist Church and McGregor Early Learning Academy, it's agents, servants, and all other persons, firms and corporations whomsoever of and from any and all actions, claims, and demands, which claimant now has or may hereafter have on account of or arising out of any accident, casualty, and/or event which might occur while participating in this camp.

Parent/Guardian Signature

Emergency Phone Number

Date

Alternate Emergency Number

Payment Agreement

King's Camp

Office Use:

RF: _____

Date: _____

FACTS: _____

DISC: _____

Child's Name: _____

Person Responsible for payment: _____

I (we) agree to create a FACTS account for tuition deduction. Camp tuition (\$185/week) for June and July will be deducted through the account I create:

Enrollment fee: \$130

FACTS charges a \$20 fee for summer deductions.



Parent Signature: _____ Date: _____



Medical Release Form

I give my permission to McGregor Early Learning Academy/King's Camp 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: _____

Physician's Phone 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:

I hereby authorize McGregor Baptist Church, McGregor Early Learning Academy to authorize and administer medical care to my child.

Child's Name _____

Parent/Guardian Signature

Date

Notary Public Signature

Date

ID Presented

Personally Known

Notary Stamp

Notary Stamp
