

RE-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.**

Re-enrollment Fees (current students only):

***Be advised that exclusive MELA student/sibling re-enrollment is February 5-March 3.**

Enrollment opens to the public on March 4, 2024.

Space is not guaranteed past this date without completion of re-enrollment.

February 5, 2024 – March 3, 2024:	\$160 -1 st child	\$135- 2 nd child
March 4, 2024 - March 31, 2024:	\$210 -1 st child	\$185- 2 nd child
April 1, 2024 –December 31, 2024:	\$260 -1 st child	\$235- 2 nd child

All registration fees are non-refundable.

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 Beard	Assistant Director	1044	julie.beard@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

RE-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 starts on August 5, 2024 other: _____ (child may be put 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: Previously enrolled
\$_____ (initial) I give permission for MELA to deduct the re-enrollment fee from my current FACTS account.

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: _____
Start Date: _____ Monthly Tuition: \$ _____
Registration Fee: \$ _____ Pd. Date _____ Parent notified of FACTS account set up
Siblings in program: _____ Discount: _____
Tuition/20 _____ x # _____ of days attended= 1st month \$ _____
Comments: _____

Re-Enrollment Agreement

I understand that by signing below, I am verifying that all agreements previously made with McGregor Early Learning Academy remain in full effect for the duration of my child's enrollment.

My **initials** verify that I understand and continue to agree to the following:

Please initial the following:

- _____ MELA Picture Release for in school projects (required for full curriculum participation, all ages)
- _____ MELA Social Media Picture Consent (optional, if you wish to see your child's face periodically, throughout the day, on our MELA Facebook page)
- _____ MELA Class Dojo App
- _____ Proximity Fob Agreement
- _____ Tuition Prices
- _____ Food & Snack Release
- _____ Parent/Program Agreement
- _____ Withdrawal Policy
- _____ Family Lifestyle Statement:

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

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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)

By **initialing** below, I am confirming that the following information is current in my child's records that I filled out during his/her initial enrollment to the school, and I grant permission for the staff to have access to my child's records:

- _____ Persons who are not permitted to pick-up child (court documentation required)
- _____ Spiritual Information
- _____ Emergency Contacts/Child's Physician
- _____ Insurance Information
- _____ Medical Release of Information
- _____ Parent Handbook Received (www.discovermela.com for all policies including food/nutrition & disciplinary/expulsion per DCF 7.3 C)
- _____ Flu Vaccine Brochure & Distracted Driver Flyer received during months of September and April.
- _____ Know Your Childcare Facility brochure (www.discovermela.com per DCF 7.3 C1)
- _____ FACTS account management agreement for tuition deduction. FACTS \$50 yearly fee.
- _____ Health Records Agreement: I understand that it is my responsibility to ensure that my child's health records are current at all times. If at any time, these records are found out of compliance, your child will be sent home until proper documentation is provided to MELA. Please make note of the expiration date, before handing in forms.



Pick-up Approval List

Security Question: _____?

Answer: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

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.

I verify that the above information is accurate and updated to the best of my knowledge. Please re-enroll my child for an additional school year at McGregor Early Learning Academy.

Parent/Guardian Signature

Date