



2020 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 in: (completion of the attached ACH Debit form is required)

____ **Full Summer (9 weeks with one vacation week available)**

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:

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

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

Office Use:
RF: _____ Date: _____
ACH: _____ DISC: _____

REQUIRED FOR ALL CAMPERS

Child's Name: _____

Authorization Agreement for Direct Payments (ACH Debit)

McGregor Baptist Church, McGregor Early Learning Academy:

I (we) hereby authorize McGregor Baptist Church, hereinafter called McGregor Baptist Church, to initiate debit entries to my (our)

Checking Account or **Savings Account (*select one*)**

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provision of the U.S. laws. Deductions may be taken on a monthly basis, on the 1st of each month or as otherwise agreed upon.

Depository Name: _____ Branch: _____

City: _____ State: _____ ZIP: _____

Routing #: _____ Account #: _____

This authorization is to remain in full force and effect until McGregor Baptist Church has received written notification from me (official Two Week Withdrawal Notice must be signed) of its termination in such time and in such manner as to afford McGregor Baptist Church and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

Date: _____ Signature: _____

Attach Voided Check Here