

Multicultural Resource Center for Children & Families Inc.



(772)672-3710
www.mrcfamily.com

Registration Period	
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Child's Last Name		First		Ethnicity	Age	DOB	Gender
Home Address				City		Zip	
Name of School		School Lunch Status		Grade		562#	
Health History	Allergies/Dietary Restrictions			Conditions Requiring Consideration			
	Insect ting		Peanuts	Asthma		Nose Bleeds	
	Gluten		Hay Fever	ADHD		Seizures	
	Please detail any other health matters of concern						

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	Gluten		Hay Fever	ADHD		Seizures	
	Please detail any other health matters of concern						

Parent(s) Guardian Information							
Mother/Guardian	Last Name	First Name	Home Address	Marital Status	# Adults in House	# Kids in House	Cell Phone
	Email Address		Employer				
HOUSEHOLD/ANNUAL INCOME (Please Provide Household size and circle Income Bracket)							
	0 - 24,300		24,400 - 36,450		36,500 - 48,600	48,650 - above	Other amount:

Father/Guardian Information							
Father /Guardian	Last Name	First Name	Home Address	Marital Status	Number Adults in House	Number of Kids in House	Cell Phone
	Email Address		Employer				
HOUSEHOLD/ANNUAL INCOME (Please Provide Household size and Check Box below Income Bracket)							
	0 - 24,300		24,400 - 36,450		36,500 - 48,600	48,650 - above	Other amount

Person(s) for Emergencies & Authorized Pickup			
We need at least two alternate people listed for pickup or in case of an emergency. Make sure the individuals listed have a valid government ID with a photo on it.			
Last Name	First Name	Relationship	Phone Number

PROGRAM POLICIES & PROCEDURES

Code of Conduct: I have received a copy of the Program Handbook and understand all policies governing the program. I agree to abide by all the policies and procedures set forth.

Behavior management: The program cannot serve children who display chronically disruptive behavior. Disruptive behavior is defined as verbal or physical activity behavior such as physical or emotional harm to himself or another child, persistent bullying, verbal harassment of peers or staff, staff abuse, ignoring or disobeying the rules, which guide behavior during the program or behavior that requires constant attention from the staff.

Tuition: I understand that payment is due on the 1st and 15th of the month regardless of attendance or school holidays. Delinquent accounts may be submitted to a collection agency.

Activity fee: Activity fees are due at least 7 days in advance.

Paypal: A \$ 5 admin fee will be assessed if paying by paypal.

Past Due Payment: \$15 per occurrence if not received by 5:30 pm on the due date.

Returned Check: There is a \$35 charge for checks returned with non-sufficient funds.

Late Pickup: \$20.00 for the first hour and \$20 for each consecutive hour.

Hold Harmless: I do hereby agree to indemnify and hold harmless the program and staff from all claims and demands, cost, or expense arising out of injuries, damages, or other losses, whether personal or property sustained by me or any party to whom I am responsible.

Medical Consent: I hereby give consent for emergency medical care, in the event of serious illness, or accident and a parent cannot be reached. I authorize the Program to obtain lesser emergency medical care for my child in First Aid. I hereby consent to all financial responsibility for treatment and care for my child.

Topical Medication: I understand that the program does not allow the use of any topical/non-medicated lotions, creams, ointments. The parent / guardian must provide any topical/non-medicated products and children must be able to apply it themselves.

Fee Waiver/Reduction: A temporary waiver of co-payments or minimum reduction of fees can be requested on a case-by-case basis during an event that limits a parent's ability to pay.

Attendance: I understand that I must contact the program staff if my child will miss three (3) consecutive days. Failure to do so could result in my child being withdrawn from the program.

Transportation/Trips: I hereby give my consent for my child to be transported by facility staff to or from school & field trips, emergencies, or other program events.

Walking: I hereby give consent for my child to walk from the program and other planned activities. **Yes or No** Choose an item.

Mutual Exchange of Information: I hereby give my consent for the exchange of information between MRC and the school district, Children's Services Council (CSC) and partnering agencies. Disclosure of information is directly related to the school district & CSC and will only be used for program monitoring, funding, coordination and planning purposes.

Photos/Video Recording: I hereby grant permission for my child to be videotaped and/or photographed while participating in programs and activities for educational, training and promotional purposes only. I may revoke this permission at any time by sending a letter to admin@mrcfamily.com.

By signing this form I agree to the policies and procedures above

Parent Name	Parent Signature

Return completed form to admin@mrcfamily.com or fax to (772)618-6616