

MARPLE PRESBYTERIAN CHURCH

STUDY CENTER

Please complete the following registration packet and return it as soon as possible to the church office. Space is limited and you will receive notification if your child is enrolled or placed on a waiting list. This is a full time, Monday-Friday program.

REGISTRATION INFORMATION

Child's Name: _____ Birth Date: ___/___/___ Male Female
Expected Start Date: _____ Age as of 9/1/20: _____ Grade as of 9/1/20: _____
School District: _____ School Attending: _____
School Program Name: (attach schedule)

PROGRAM DRAFT AUTHORIZATION

Participant's Name(s)	Address on Account
_____	Street _____
_____	City, State, Zip _____
Home Phone _____	Email _____
Cell Phone _____	

Weekly Payment Amount _____ Weekly Draft Amount _____
Weekly draft amount is based on authorized registration and current rates. \$ _____
Tuition drafts every Sunday, one week prior to care.

I understand this automatic payment authorization is continuous until the end of the program. I understand I am responsible for submitting account changes in writing seven (7) days before a draft. I understand I am responsible for reviewing my bank/credit card statement to ensure a draft has been stopped following my written notice. No refunds or credits are given. I will incur \$20 service charge if MPC is unable to process my payment. Pricing is subject to change with 30 days written notice. I have read and understand the terms of this agreement. I authorize my bank to honor pre-verified and/or verified weekly automatic MPC Study Center fees and other authorized charges.

Print Payer Name _____
Payer Signature _____ Date _____

CREDIT OR DEBIT CARD

Credit Card listed must be saved under the signing payer on this authorization.

VISA MASTERCARD DISCOVER AMEX

Card # _____

Expiration Month/Year ____/____

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EMERGENCY CONTACT/PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		PREFERRED PHONE NUMBER
ADDRESS (IF DIFFERENT FROM CHILD)		
BUSINESS NAME		BUSINESS PHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		PREFERRED PHONE NUMBER
ADDRESS (IF DIFFERENT FROM CHILD)		
BUSINESS NAME		BUSINESS PHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	PHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME/ADDRESS	PHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S MEDICAL CARE PROVIDER		PHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICAL REACTION)	
MEDICAL/DIETARY INFORMATION NECESSARY IN CASE OF AN EMERGENCY SITUATION		
MEDICATION, SPECIAL CONDITIONS	ADDITIONAL INFO ON SPECIAL NEEDS	
HEALTH INSURANCE PROVIDER	POLICY NUMBER (REQUIRED)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMINISTERING MINOR FIRST-AID PROCEDURES	

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

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FIRST AID AND EMERGENCY MEDICAL TREATMENT RELEASE

Name of Participant _____

Parent(s) or Guardian(s) _____

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I hereby give permission for agents of MPC to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

I also agree to notify agents of MPC if there are any changes in the above information that I have submitted.

Parent/Guardian Signature _____ Date _____

PUBLICITY RELEASE

Name of Participant _____

Parent(s) or Guardian(s) _____

On occasion, MPC takes photographs or makes audio or video recordings of children and/or adults involved in church activities. Such photographs or recordings may be used by staff and participants to remember the activities and participants, and may be used in the church's publications or advertising materials to let others know about its ministry. Any public use of such recordings must be approved by the church. The church may also invite local news organizations to photograph or record our events for news reporting or special interest features.

I consent to the use of any such photograph, audio or video recording of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the church deem appropriate.

Parent/Guardian Signature _____ Date _____