

Multicultural Resource Center for Children & Families Inc.



(772)672-3710
www.mrcfamily.com

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

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	Gluten Choose an item.	Hay Fever Choose an item.	ADHD Choose an item.	Seizures Choose an item.	
	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
				Choose an item.	Choose an item.	Choose an item.	
	Email Address		Employer		Type of Income	Annual Amount	Work Phone
					Choose an item.		

Father /Guardian	Last Name	First Name	Home Address	Marital Status	Number Adults in House	Number of Kids in House	Cell Phone
				Choose an item.	Choose an item.	Choose an item.	
	Email Address		Employer		Type of Income	Annual Amount	Work Phone
					Choose an item.		

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
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

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.

Activity Fees: All fees are nonrefundable. I understand that payment is due on the 1st and 15th of the each regardless of attendance or school holidays. We do not pro-rate fees. Delinquent accounts may be submitted to a collection agency.

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

Late Payment Fee: An administrative fee of \$10 will be assessed for any late payments not received by 6:00 PM on the due date.

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.

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.

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 for afterschool & summer camp programs only.

Attendance: I understand that I must contact the program staff if my child will miss three (3) consecutive days. Failure to do so could loss 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. *Choose an item.*

Late Pickup: I understand that if I pick up my child after closing time, I will be responsible for a late fee of \$1.00 per minute, per child. Late fee must be paid by check or money order before child returns to the program. If parents cannot be contacted one hour after program closes, we will have to notify local law enforcement authorities.

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 MRC at info@mrcfamily.com.

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

Parent Name

Parent Signature

Email the completed form to info@mrcfamily.com or fax to (772)618-6616