



PROGRAM ENROLLMENT FORM

To register your child for one or more programs at Mother's Choice Learning Center (MCLC), please fill out the following registration form below. **Note: A separate Registration Form is required for each child.**

Select Desired Program

- Before School Program: Monday - Friday 6:30 a.m. - 9:00 a.m.
 After School Program: Monday - Friday 2:30 p.m. - 7:00 p.m.
 Wellness Summer Day Camp Program: Monday - Friday 6:30 a.m. - 7:00 p.m.

PARENT INFORMATION

Mother/Guardian Information

FIRST		LAST			
STREET ADDRESS		CITY		ZIP CODE	
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> WORK					
MOBILE		HOME		WORK PLS INCL EXT.	
EMAIL ADDRESS				ARE YOU THE PARENT OR GUARDIAN	<input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN

Father/Guardian Information

FIRST		LAST			
STREET ADDRESS		CITY		ZIP CODE	
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> WORK					
MOBILE		HOME		WORK PLS INCL EXT.	
EMAIL ADDRESS				ARE YOU THE PARENT OR GUARDIAN	<input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN

IN-CASE OF EMERGENCY CONTACT INFORMATION

FULL NAME		RELATION TO CHILD	
MOBILE		ALTERNATE CONTACT	



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FULL NAME		RELATION TO CHILD	
MOBILE		ALTERNATE CONTACT	
FULL NAME		RELATION TO CHILD	
MOBILE		ALTERNATE CONTACT	

RELEASE AUTHORIZATION

I authorize the following people (persons over 18 years old) to pick up my child (other than Parent/Guardian):

FULL NAME (FIRST, LAST)	RELATIONSHIP TO CHILD	PHONE

CHILD INFORMATION

FIRST				LAST			
D.O.B		AGE		GENDER	<input type="checkbox"/> M <input type="checkbox"/> F	GRADE LEVEL	<input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
SCHOOL NAME							
SCHOOL'S STREET ADDRESS				CITY			ZIP CODE
MY CHILD NEEDS IMPROVEMENT IN THE FOLLOWING ACADEMIC AREAS:				OTHER ACADEMIC CONCERNS			



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<input type="checkbox"/> MATH <input type="checkbox"/> ENGLISH: LANGUAGE & GRAMMAR <input type="checkbox"/> READING COMPREHENSION <input type="checkbox"/> SPELLING <input type="checkbox"/> ESSAY WRITING <input type="checkbox"/> TEST TAKING SKILLS	
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ABOUT CHILD

CHILD'S HOBBIES	
DESCRIBE YOUR CHILD AND TELL US WHAT MAKES HIM/HER HAPPY?	
WHAT TECHNIQUES ARE EFFECTIVE WHEN YOUR CHILD IS UPSET?	
PLEASE GIVE US ANY INFORMATION THAT YOU FEEL WOULD BE HELPFUL FOR STAFF TO KNOW ABOUT YOUR CHILD.	

CHILD'S MEDICAL HISTORY

NAME OF MEDICAL FACILITY		DOCTOR'S NAME	
MEDICAL FACILITY STREET ADDRESS		CITY	ZIP CODE
OFFICE PHONE		OFFICE FAX	
CAN WE CONTACT THE DOCTOR IN THE CASE OF A MEDICAL EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF THE DOCTOR <u>CANNOT</u> BE CONTACTED AT THE TIME OF THE MEDICAL EMERGENCY, THE CHILD WILL BE TRANSPORTED TO THE EMERGENCY ROOM CLOSEST TO THE CENTER. PLEASE INITIAL: _____		



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WHAT ARE YOUR CHILD'S SPECIAL NEEDS, IF ANY?	
PHYSICAL	
MEDICAL	
FOOD ALLERGIES OR DIET RESTRICTIONS	
PLEASE LIST OTHER MEDICAL CONDITIONS OR CONCERNS	

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. BY PROVIDING YOUR SIGNATURE, YOU ARE ACKNOWLEDGING THAT YOU UNDERSTAND AND AGREE TO THE CONTENT STATED.

WAIVER/AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR
<p>If emergency care is necessary and I cannot be contacted, I authorize Mother's Choice Learning Center, to act on my behalf. I hereby grant Mother's Choice Learning Center permission to have my child receive emergency medical attention.</p> <p>I/We, the undersigned, parent(s) of _____, waive any claim for injury <small>Print Child Full Name</small> or loss to said child that may be incurred or sustained as a result of participation and/or use of premises and equipment by said child in connection with this activity conducted under the auspices of Mother's Choice Learning Center.</p> <p>I/We, the undersigned, parent(s) of _____, a minor, do <small>Print Child Full Name</small> hereby authorize Mother's Choice Learning Center, its agents, employees, and volunteers as agent(s) for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed hospital, whether such diagnosis or treatment is rendered at the office of said hospital.</p> <p>It is understood that this authorization is given in advance of any specific consent to any and all</p>



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such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective, unless revoked in writing delivered to the Executive Director of Mother's Choice Learning Center.

Print Full Name of Parent/Guardian

Signature of Parent/Guardian

Date

HOLD HARMLESS RELEASE

I, the parent or legal guardian of the minor named above, hereby give my permission for my child or ward to participate in Mother's Choice Learning Center's Before-School, After-School and/or Summer Day Camp.

I hereby covenant not to sue and I waive, release and absolve Mother's Choice Learning Center, its officers, agents, employees and all other participants in this program from any and all claims, rights or causes of action, whether for property damage or personal injury, including death, which may arise out of my child or ward's participation in the enrichment activities provided by Mother's Choice Learning Center. Further, I hereby agree to defend, indemnify and hold harmless Mother's Choice Learning Center, its officers, agents, employees and all other participants in such activity from any claim arising out of injury to my child or ward due to his or her participation in any way in the program and activities offered.

Release made this _____ of _____, 20____

Day Month Year

Print Full Name of Parent/Guardian

Signature of Parent/Guardian

TRANSPORTATION RELEASE AND WAIVER

As a parent/guardian _____ of _____

Print Parent/Guardian Full Name Child's Full Name

I agree to allow my child to participate in Mother's Choice After-School or Summer Day Camp Program and the transportation provided by Mother's Choice Learning Center from specified schools and planned field trips. I hereby waive, release, absolve, indemnify, and agree to hold harmless Mother's Choice Learning Center, its directors, officers, organizers, sponsors, supervisors, staff, and participants and any other affiliates of Mother's Choice Learning Center from or against

all liability that my occur or result from transporting my child _____

Child's Full Name

from his/her GCPS school to Mother's Choice Learning Center. I, as an individual and as a parent/guardian of my child, have read this release and understood all terms. I execute it voluntarily and with full knowledge of its significance.



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Print Full Name of Parent/Guardian

Signature of Parent/Guardian

Date

AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntarily and without compensation authorize Mother's Choice Learning Center to produce photographs, movies, videotapes, DVD's, and audiotapes of the student named below. This authorization is given on the condition that the material taken or produced will be used for the purpose of community education or program promotion. I understand that Mother's Choice Learning Center and its employees will not use the materials for compensation. I understand that this grant of permission shall only be revoked by written instrument delivered to the CEO of Mother's Choice Learning Center prior to the release of any material. This consent shall remain in effect unless revoked.

Print Full Name of Student

Date

Print Full Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. YOU MUST SIGN AT THE BOTTOM INDICATING THAT YOU UNDERSTAND AND AGREE TO ALL OF THE FOLLOWING.

1. The Mother's Choice Learning Center's (MCLC):
 - Before-School Program operates every school day from 6:30 a.m. to 9:00 a.m.
 - After School Program operates every school day from 2:30 p.m. to 7:00 p.m. Please note that the MCLC After School Program will open at 1:00 p.m. to 7:00 p.m. on Gwinnett County Public Schools district early release/modified school days.
 - Summer Camp Program operates during specified days during the summer (with the exception of observed holidays) from 6:30 a.m. to 7:00 p.m.
2. Your child must be picked up promptly at the end of the MCLC After School and Summer Camp Programs. Students must be picked up no later than 7:00 p.m.
3. MCLC ONLY provides transportation services to and from school for students enrolled in the Before and After School programs and to authorized field trips for students enrolled in the After School and Summer Camp programs. MCLC DOES NOT provide transportation services to and from client's place of residence or place of business under any circumstance.



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4. Regular attendance is important. Students only attend the MCLC After School Program when they attend school and the Summer Camp program during summer vacation. MCLC is not a babysitting service. Students are expected to actively participate in all assigned activities and stay for the entire program each day.
5. Payments to MCLC **must** be made in the form of a check, money order or credit card. MCLC **does not** accept cash.
6. There is a \$40.00 registration fee, per child, for each program offered at MCLC. Dual enrollment into the Before School and After School program will only accrue a single registration fee of \$40.00 per each child. There is no refund of registration fees.
7. MCLC is not responsible for damage, lost or stolen personal items. We will however, try to help the child recover these items.
8. MCLC will be closed on all Gwinnett County Public Schools District holidays and MCLC observed specified holidays. Advance notice will be given to Parents/Guardians as a reminder of observed dates and center closure.
9. Safety is a top priority in all of MCLC programs; therefore, the person(s) you have chosen and listed on your child's Release Authorization form must sign your child out of the program. All individuals designated on the Release Authorization form must be 18 years of age or older with valid ID. MCLC participants will NOT be released to persons not listed on the Release Authorization form. It is the parent's responsibility to provide MCLC with updated information regarding individuals authorized to pick up their child from the MCLC Program. Changes to the Release Authorization form **MUST** be made using the Release Authorization Change form and delivered to MCLC personnel. Over the phone consent and faxing or e-mailing the Release Authorization Change form will not be accepted.
10. A nutritious breakfast, lunch and/or snack are provided for students enrolled in MCLC Before School, After School and Summer Camp Programs. Parents may send a daily non-refrigerated snack (no glass bottles). Please do not send food that needs to be heated. A healthy snack is encouraged.
11. A late pick-up may result in your son/daughter being dropped from the MCLC After School or Summer Camp Programs if late pick-up becomes consistent with no regards. Late fees **WILL** be charged for children not picked up by 7:00 p.m., as assessed by the center's clock, in the amount of **\$5.00** for **every 15 minutes or any portion thereof per child**. Late fees must be paid by check or money order within one week of notification or your child will be dropped. After 8:00 p.m. your child will be considered "abandoned" and will come under the supervision of the Snellville Police Department. The Snellville Police Department number (770) 985-3555. I have read, understand and agree to the Terms for late pickup charges and



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procedures. _____
Initials

12. Participation in any or all of MCLC Programs is a privilege. It is extremely important to have clearly defined discipline procedures to guarantee a safe and positive environment for all participants. The following steps will be taken for behavioral offenses:

Minor Offenses (teasing, minor argument, etc.)

- First time – warning by staff, letter of apology, and loss of privilege (15 min.)
- Second time – behavior notice, counseling with staff, conversation with parents, letter of apology, loss of privilege (30 min).
- Third time – behavior notice, counseling with staff, conversation with parents and possible suspension from program.

Major Offenses (physical abuse such as fighting or hitting other students or staff)

- All major offenses will be dealt on a case by case basis. Disciplinary actions may range from temporary suspension to dismissal from the program.

Failure to follow rules, as outlined in the MCLC Parent/Student Handbook, can result in your child being expelled from MCLC program.

13. **Medication policy:** Children are not allowed to carry or administer their own medication during MCLC operating hours. If your child requires a dosage of his/her prescribed medication during the MCLC program, the parent must have their physician complete a medical release form. Medication must be given directly to the Site Coordinator by the parent. All medication must be clearly labeled with the child's name, medication name, date, dosage, doctor's name and telephone number. Please note the MCLC staff may not administer medication unless trained by medical personnel at the parents' expense.

Print Full Name of Child

Date

Print Full Name of Parent/Guardian

Signature of Parent/Guardian