

My Friends' Place
SUMMER BREAKAWAY 2011
 3160 E. Spring Creek Parkway Plano, TX 75074
 Phone (972) 423-4910 Fax (972) 633-9126
 Director: Shela Wannemacher

Date of Admission _____
Amount Due _____
Amount Paid _____
Check # _____
Changes _____

Student Information

Last Name	First Name	Goes By	Date of Birth	Age as of 6/1/11	Grade 2011-2012	Sex (M/F)
Home Address			City	State	Zip Code	Home Phone #

Parent Information

List telephone numbers where parents/guardians may be reached while child is in care.

Mother	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Guardian	Father	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Guardian
Last Name				Last Name			
First Name				First Name			
Home Address (if different from student)				Home Address (if different from student)			
Home Phone #		Cell Phone #		Home Phone #		Cell Phone #	
E-Mail Address				E-Mail Address			
Employer Name		Work Phone #		Employer Name		Work Phone #	

Pick Up List (other than parents)

I hereby authorize the Weekday Program/My Friends' Place to allow my child to leave **ONLY** with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name	Phone #	Name	Phone #

Are there any people who might try to call for your child, who for legal or other reasons that you have discussed with the Director, may not take the child? no yes Who?

If this person is a parent, we **MUST** have a copy of the custody agreement on file.

Please read carefully the following tuition procedures.

- Please circle below the dates that your child **will** attend MFP Summer Breakaway. Tuition is based on a weekly fee of \$185 or \$50 daily (June 7th through Aug 19th). Invoices for the summer will be created at the time of enrollment. Parents will be expected to pay for each day that the child is enrolled unless a change has been made through our office by the previous Friday. After 3 changes have been made, an administrative fee of \$20 per call/e-mail will be assessed.
- **This tuition policy will be strictly enforced.**
- The enrollment fee for the summer is \$25 (non-refundable) and is due at the time of enrollment.
- Please give two weeks written notice before withdrawing your child from My Friends' Place.

June

M	T	W	TH	F
		1*	2*	3*
6*	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	28	30	

July

M	T	W	TH	F
				1
X	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

August

M	T	W	TH	F
	2	3	4	5
8	9	10	11	12
	16	17	18	19

* Camp

___ My child will be attending summer school at _____ and will need to be picked up by MFP(not guaranteed; subject to staffing, additional cost of \$10.00 per week applies).

___ I would like more information about VBS & Kids Arts and Music Kamp at FUMC Plano.

___ I am interested in a scholarship to help pay for VBS and/or Kids Arts and Music Kamp.

CHECK ALL THAT APPLY:

1. **FIELD TRIPS/TRANSPORTATION:** I hereby **give** **do not give** - my consent for my child to be transported and supervised by facilities staff in church vans/buses on field trips. All field trips will be announced at least 48 hours in advance.

2. **WATER ACTIVITIES:** I hereby **give** **do not give** - my consent for my child to participate in water activities.
 splashing pools/wading pools swimming pools other bodies of water provided by the facility

3. **SCHOOL AGE CHILDREN:** My child attends the following school and his/her immunization record is on file at the school and all immunizations are current.

Name of School and Address _____
School Phone #

4. **WEEKDAY PROGRAM POLICIES:** I have received a copy of the Weekday Program/My Friends' Place Parent Handbook. I have read, understood and agree to abide by the policies as stated in this document.

5. **IMAGE USE:** I authorize the Weekday Program/My Friends' Place to use (non-identifiable) photographs and class work of my child for church use and school publicity.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the Weekday Program/My Friends' Place to secure any and all necessary emergency medical care for my child.

Name of Physician or Hospital:	Address:	Phone #:
Insurance Company:	Policy Number:	Phone #:

List any known allergies (that we should post), special nutritional needs, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months. Include medications prescribed for continuous, long term use, and any other information which staff should be aware of: none

EMERGENCY CONTACT NUMBERS (other than parents)

Give the name, address and phone number of person(s) to call if parents or guardian cannot be reached.

Name:	Address:	Phone #:	Relationship

I give ____ do not give ____ permission for the staff of My Friends' Place to administer Children's or Junior Strength Tylenol or Advil according to dosage instructions on the packaging for headache or mild pain. In the event of a fever I will be notified and will need to make arrangements for my child to be picked up from My Friends' Place.

I understand that I will be billed for and expected to pay for all of the days/weeks I have selected on this form (unless changes are made with the Weekday Program Office by the previous Friday). After 3 changes have been made, I will be billed a \$20 administrative fee per change.

Signature – Parent or Legal Guardian Date

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).