



Marcus Pointe Christian School

After School Enrollment

Enrollment Date: _____ School Attending: _____

Student Information

Full Name: _____ Goes By: _____
Last First MI

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Gender: Male Female DOB: _____ Grade: _____

List any health issues (including allergies) we need to be made aware of:

Parent Information

Father's Name: _____

Email: _____ Social Security #: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Mother's Name: _____

Email: _____ Social Security #: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Persons permitted to remove child from Center: Mother: YES NO Father: YES NO

Please be advised that unless we have a court order stating that the Father/Mother is unable to pick-up the above named child we cannot withhold that right legally. Thank you for understanding.

Emergency Contact/ Authorized Pick up

Emergency Contact (in the event a parent cannot be reached):

Name: _____ Phone: _____

Authorized Pick-up (in the event of change, please notify the school office immediately):

1. _____ 2. _____

3. _____ 4. _____

(Over/Signature)

**Marcus Pointe Christian School and Preschool
Parents Release Form**

The undersigned certifies that he/she is the parent/guardian of: _____, and has the proper authority to sign this statement. By enrolling the above-named child in Marcus Pointe Christian School and Preschool the parent or guardian agrees to hold harmless, defend and indemnify the Marcus Pointe Baptist Church from any and all claims, damages, injuries, losses, causes of action and demand, and all costs and expenses incurred in connection therewith resulting from or in angry manner arising out of or in connection with the enrollment participation of the named child in the child care center, including but not limited to liability which results from the concurrent negligence of the church, its employees, agents and any other party. The undersigned or guardian acknowledges that she or he has reviewed the child care center programs and has examined the premises in which the programs are being conducted and consents to the named child participating in the programs and using these facilities. In the event the above named child is injured or becomes ill while in attendance at the child care center consent is hereby given to provide emergency treatment as deemed necessary by a physician until such time as other appropriate measures can be arranged by the parent or guardian. The parent or guardian agrees to assume any costs that may be incurred for such emergency treatment.

We expect our students, during school hours, and while in extended care to respond to school faculty and staff members with the same obedience in action and respectfulness that should be present under Biblical standards when they respond to their parents or guardians. We trust that our students will respond with positive attitudes and conduct. However, improper behavior in action or attitude will result in corrective disciplinary action.

The school reserves the right to dismiss any student in its discretion when it discerns that continued enrollment in any school program is disruptive to the school, other students, or incompatible with the school's mission. Such reasons may include, but are not limited to: violation of classroom behavioral guidelines and expectations either of a serious or continual nature (such as kicking, biting, hitting, spitting, verbal misbehavior, continual willful refusal to follow directions), failure of parents or guardians to adhere to school terms and policies; misrepresentations or omissions by the parent or guardian on enrollment forms or in other interactions with school personnel, failure to pay tuition completely or timely, and the school's inability to meet the special needs of the student.

Tuition Rates and Fees

Public School Students - \$250.00 monthly

Public School Students Registration - \$75.00 (non-refundable)

Please Initial _____ Tuition Does Not Include Non School Days

Signature of Parent or Guardian: _____ Date: _____