



Program Registration Forms

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Summer Camp:   N/A   School Year:   2024-2025  

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Office Use:

Intake Date: \_\_\_\_\_ Reg Fee \$ \_\_\_\_\_ CK # \_\_\_\_\_ Cash \_\_\_\_\_

**CBC**      **FUMC**      **FPC**      **HBC**

Start Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_



Welcome \_\_\_\_\_ to C.A.S.A's School Year Program 2024-2025  
( Child's Name )

**Tuition Rates:** School Year: \$220 per month (additional siblings - \$200)  
School Holidays (All Day Care): **\$40.00 per day**

## Payment Methods


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- ✓ ACH – Automatic Clearing House
  - The account given to the C.A.S.A. office will be drafted on the 5<sup>th</sup> and 20<sup>th</sup> or the next business day of each school year month. ADC/Summer Program ACH payment due dates and deadlines are announced as needed throughout the year.
  - **For all returned ACH payments there will be a \$20 service charge.**
  
- ✓ Pre-Payment
  - Tuition is due on the 5<sup>th</sup> of each month. A grace period is extended to parents until the 15<sup>th</sup> of the month, however, a late fee of \$20 is added if payment is not made before the 15<sup>th</sup>. Cash, check, or money orders are accepted. ADC/Summer Program Pre-Payment due dates and deadlines are announced as needed throughout the year.
  - For all returned checks, there will be a \$20 service charge.
  - If payment is not received by the last business day of the month, the student may not be allowed to return until the balance is paid.

## School Year Program

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The school year program operates from the first day of school through the last day of school according to the calendar of the Tupelo Public School District. After School care will take place from 2:30 p.m. to 5:30p.m. for grades kindergarten through sixth and from 2:00 p.m. to 5:30 p.m. for our Pre-Kindergarten students who attend the TPSD ECEC program. All-Day Care programs, 7:30a.m. to 5:30p.m., are in operation on "school holidays" that are NOT typical business holidays, as well as our Summer Program, for an additional fee.

 Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents: "to protect and promote the health and safety" of your child , please supply a **complete** reponse to every item on this form. The Mississippi Department of Health, Child Care Licensure Branch, requires this information. If the item is not applicable, then please answer "N/A"

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Age of child:** \_\_\_\_\_  
 \_\_\_\_\_ **SSN#** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Attending CASA: School yr** \_\_ **Summer** \_\_  
**Grade** ( as of School yr 20\_\_-20\_\_ ) : \_\_\_\_\_ **School Name:** \_\_\_\_\_  
**Church Affiliation: (Optional)** \_\_\_\_\_  
 \*\*\*\*\*  
**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_  
**Work Address:** \_\_\_\_\_ **Work Address:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**List any special needs of the above child :** \_\_\_\_\_  
 \_\_\_\_\_

**Read and INITIAL the appropriate answer to the following items:**

I understand that CASA has a liability insurance policy and an excess of insurance policy up to \$5,000.00 in the event of injury to a child while in the care of CASA \_\_\_ Yes \_\_\_ No

I have been given a copy and have read a copy of the MDH Regulation Summary for Parents: \_\_\_ Yes \_\_\_ No

A 121 Immunization Compliance Form is on file with Tupelo Public School District. \_\_\_ Yes \_\_\_ No

I have given CASA a copy of my child's 121 Immunization form (ECEC children only) \_\_\_ Yes \_\_\_ No

**Does your child have any allergies? Please list, including food , if necessary:** \_\_\_\_\_

**Complete each of the following sections by INITIALING either yes or no :**

My child may be photographed at CASA and at CASA field trips and off-site activities \_\_\_ Yes \_\_\_ No

C.A.S.A has permission use video of my child for program advertisting / social media \_\_\_ Yes \_\_\_ No

My child may take approved field trips sponsored by CASA \_\_\_ Yes \_\_\_ No

I understand that my child with be transported from school and to field trips by CASA transportation \_\_\_ Yes \_\_\_ No

CASA has permission for my child to play in an outside area, approved by CASA \_\_\_ Yes \_\_\_ No

CASA my give my child emerency medical treatment if needed \_\_\_ Yes \_\_\_ No

I understand that CASA does not administer medication. \_\_\_ Yes \_\_\_ No

I understand that CASA does not carry medical insurance on children. \_\_\_ Yes \_\_\_ No

I understand that CASA may drop a child from program for excessive misbehavior. \_\_\_ Yes \_\_\_ No

I have received and understand the policies set forth in the Student Handbook. \_\_\_ Yes \_\_\_ No

**In case of an emergency and the Parents cannot be reached , contact the following ( in this order)**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**The following people are authorized to pick ip and drop off my child/ children:**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**The following people are prohibited from dropping off or picking up my child/children**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CASA Diector Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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 DIRECTOR USE ONLY: Enrollment Date: \_\_\_/\_\_\_/\_\_\_ Acceptance Date: \_\_\_/\_\_\_/\_\_\_ Withdraw Date: \_\_\_/\_\_\_/\_\_\_

School Meal Cost Status?  Free  Reduced  Regular (Please provide us with documentation from the school regarding your child's FREE or REDUCED cost meal status)

**MEMBER'S MEDICAL INFORMATION:**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: (\_\_\_\_\_) \_\_\_\_\_

Does your family have health and/or accident insurance?  Yes  No

Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Does your child have any serious health problems?  Yes  No

If Yes Explain? \_\_\_\_\_

Known Allergies?: \_\_\_\_\_

Please Note: It is recommended that you provide the C.A.S.A with a copy of your child's shot record from his or her doctor or school for our files in case of an emergency! **A shot record (121 form) is required for all Preschool children.**

In Addition, I hereby give authority to any adult who represents C.A.S.A to approve any medical or first aid treatment of said minor in the event of an emergency due to sickness or accident while said minor is in the care of C.A.S.A . I understand I will be responsible for all costs incurred. I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/ or hospital as may be performed or prescribed by the attending physician and /or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/ guardian can be reached in the case of an emergency.

Parent's / Guardian's signature

Date

I give permission for my child to go on field trips. I release C.A.S.A. and individuals from liability in case of accident during activities related to C.A.S.A., as long as normal safety procedures have been taken.

Parent's / Guardian's signature

Date

**PRIMARY HOUSEHOLD FINANCIAL INFORMATION:**

**PLEASE NOTE:** Your family's financial information helps C.A.S.A apply for grants and corporate donations (so we can keep program fees affordable). All information is kept strictly confidential.

Estimated total annual gross income for all persons living in the child's primary household? (Primary household refers to the home where your child lives the majority of the time)

- \$0 - \$ 5,000       \$25,001 - \$30,000       \$55,001 - \$60,000       \$ 5,001- \$10,000
- \$30,001 - \$35,000       \$60,001 - \$65,000       \$10,001 - \$15,000       \$35,001 - \$40,000
- \$65,001 - \$70,000       \$15,001 - \$20,000       \$40,001 - \$45,000       \$70,001 - \$75,000
- \$20,001 - \$25,000       \$45,001 - \$50,000       \$75,001 -or More!

Total number of people (Adults & Children) living in the child's primary household \_\_\_\_\_

Number of people under the age of 18 years living in child's primary household \_\_\_\_\_

Is there a member of the child's primary household who is 65 years old or older?  Yes  No

Is there a member of the child's primary household who is handicapped?  Yes  No

Is there a member of the child's household who serves in the US Military?  Yes  No

Branch of Service: \_\_\_\_\_

Is your family currently receiving SNAP (Food Stamp) benefits?  Yes  No

Member lives in primary household with? (Check all that apply):

- Mother  Father  Step-Mother  Step-Father  Grandmother  Grandfather  Foster Parent:
- Other (Please Describe)? \_\_\_\_\_

Name of Parent/Guardian who is Head of the child's primary household? \_\_\_\_\_

Is the Child's Primary Household a Single-Parent Household?  Yes  No

If Yes, Single Parent Head of Household is?  Female  Male

Please list siblings (Brothers & Sisters) who are currently MEMBERS of C.A.S.A.?

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**FOR OFFICE USE:** (Verifying staff member should check appropriate boxes & put initials following items that have been completed and/or verified)

- Parent Signature on Application? \_\_\_\_\_       All Fields Completed? \_\_\_\_\_
- Emergency Contact Info Sheet Completed? \_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I (We) hereby authorize **CHURCH AFTER SCHOOL ASSN, INC (C.A.S.A)**, hereinafter called **COMPANY**, to initiate debit entries to and initiate, if necessary, credit entries for any debit entries made in error to my (our)

(    ) **CHECKING**                      (    ) **SAVINGS**     *(Select one)*

Account listed below and financial institution named below, hereinafter called **INSTITUTION**, to debit or credit the same to such account.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
*FINANCIAL INSTITUTION NAME                      CITY                      STATE                      ZIP CODE*

\_\_\_\_\_                      \_\_\_\_\_  
*ROUTING NUMBER                      ACCOUNT NUMBER*

*Please attach a voided check on the above account in order that we may verify the numbers provided above.*

This authority is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to allow **COMPANY** and **INSTITUTION** a reasonable opportunity to act on it.

*This Agreement is to be used for the following Programs (when registered):*

\_\_\_\_\_ *School Year*                      \_\_\_\_\_ *Summer*                      \_\_\_\_\_ *All-Day Care*

\_\_\_\_\_                      (    ) \_\_\_\_\_ \   
*NAME(S) ON ACCOUNT (PLEASE PRINT)                      PHONE NUMBER*

\_\_\_\_\_                      \_\_\_\_\_  
*SIGNATURE                      DATE*