



Program Registration Forms

Child's Name: _____

Age: _____ Grade (upcoming school year): _____

Check One:

Summer Camp _____ School Year _____

Office Use: Registration Date _____

Registration Fee: \$20 Check # _____ Cash _____

CBC

FUMC

FPC

HBC

Start Date: _____ Withdrawal Date: _____

Prepay: ____ ACH: ____

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

Child's Name: _____ DOB: _____

Home Address: _____ Age of Child: _____

_____ SSN#: _____

Home Phone: _____ Cell Phone: _____

Grade (as of **upcoming** school year): _____ School Name: _____

Attending CASA: (Check One) School Year _____ Summer _____

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: _____

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 in the event of injury to a child while in the care of CASA. _____
- I have been given a copy and have read a copy of the MDH Regulation Summary for Parents. _____
- A 121 Immunization Compliance Form is on file with Tupelo Public School District. _____
- I have given CASA a copy of my child's 121 Immunization form (**ECEC children only**). _____

Does your child have any allergies? Please list, including food: _____

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

YES

NO

My child may be photographed at CASA, at CASA field trips and off-site activities.

CASA has permission to use video of my child for program advertising/social media.

My child may take approved field trips sponsored by CASA.

I understand that my child will be transported from school and field trips by CASA transportation.

YES NO

CASA has permission for my child to play in an outside area, approved by CASA.

CASA may give my child emergency medical treatment if needed.

I understand that CASA does NOT administer medication.

I understand that CASA does not carry medical insurance on children.

I understand that CASA may drop a child from program for excessive misbehavior.

I understand I will receive a copy of the policies set forth in the Student Handbook via email once my child has been accepted into the CASA program.

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

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent/ Guardian Signature: _____ Date: _____

CASA Director Signature: _____ Date: _____

.....
DIRECTOR USE ONLY:

Enrollment Date: ____/____/____

Acceptance Date: ____/____/____

Withdrawal 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.**

MEDICAL RELEASE

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

FIELD TRIP RELEASE

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)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0 - \$ 5,000 | <input type="checkbox"/> \$25,001 - \$30,000 | <input type="checkbox"/> \$55,001 - \$60,000 | <input type="checkbox"/> \$ 5,001- \$10,000 |
| <input type="checkbox"/> \$30,001 - \$35,000 | <input type="checkbox"/> \$60,001 - \$65,000 | <input type="checkbox"/> \$10,001 - \$15,000 | <input type="checkbox"/> \$35,001 - \$40,000 |
| <input type="checkbox"/> \$65,001 - \$70,000 | <input type="checkbox"/> \$15,001 - \$20,000 | <input type="checkbox"/> \$40,001 - \$45,000 | <input type="checkbox"/> \$70,001 - \$75,000 |
| <input type="checkbox"/> \$20,001 - \$25,000 | <input type="checkbox"/> \$45,001 - \$50,000 | <input type="checkbox"/> \$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.?

_____ (Name) (Age)	_____ (Name) (Age)
_____ (Name) (Age)	_____ (Name) (Age)
_____ (Name) (Age)	_____ (Name) (Age)

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

"SELECT YOUR WEEKS" SUMMER FORM

Enrollment is required for any student to attend summer program.
The following form must be completed in full for acceptance.
Any incomplete forms will not be accepted.

Parent/Guardian Name: _____ Date: _____

Email: _____ Contact Number: _____

Section 1: Student Information

Student's Full Name: _____

Student's Grade Completed Spring 2025: _____ Student's Age: _____

Section 2: Tuition Rates

Weekly tuition Rates for summer 2025: Please mark option below

_____ My child will Attend 7 or less weeks of camp @ \$175 per child per week.

_____ My child will attend 8 to 9 weeks of camp @ discounted rate of \$160.00 per child per week.

We are closed Memorial Day & Independence Day- Tuition rate for weeks 1 & 6 is \$ 130.00 for parents choosing 8 or 9 weeks and \$140 for 7 or less weeks.

No week selection changes can be made after May 16, 2025

Tuition includes the cost of all field trips/site activities, lunch and two snacks.

Section 3: Payments

Please choose a payment plan below:

_____ ACH: ACH Payments will be drafted on Wednesdays of each week the child is enrolled. **Everyone choosing ACH must complete a new form for summer.**

_____ Pre-Payments: Pre-Payments are due weekly or monthly. See appendix A below for payment schedule.

Section 4: Select Your Weeks

The following is a list of operational weeks for C.A.S.A.'s 2025 summer program. Please mark each week you will NEED childcare. No week selection changes can be made after May 16, 2025. Any changes BEFORE May 16th must be emailed to either: office@casatupelo.com and/or greg@casatupelo.com

Please mark the weeks below your child will attend Summer Day-Camp Programming.

_____ WEEK 1: May 27-30, 2025 (Closed Memorial Day)

_____ WEEK 2: June 2-6, 2025

_____ WEEK 3: June 9-13, 2025

_____ WEEK 4: June 16-20, 2025

_____ WEEK 5: June 23-27, 2025

_____ WEEK 6: June 30-July 3, 2025 (Closed July 4th)

_____ WEEK 7: July 7-11, 2025

_____ WEEK 8: July 14-18, 2025

_____ WEEK 9: July 21-25, 2025

Section 5: Authorization for Modifications to Enrollment

The parent/guardian who signs this registration form is the ONLY one who can make changes to the student's registration information.

In addition to myself, I authorize the following parent/guardian or the responsible adult the ability to make modifications to this enrollment information.

Parent/Guardian Name: _____

Date: _____

Appendix A: Payment Schedules

ACH Drafting:

ACH scheduled drafts are listed below. Note: **A \$20 NSF fee will be applied for all returned checks.**

WEEK:	1	2	3	4	5	6	7	8	9
DATE DUE:	5/28	06/04	06/11	06/18	06/25	07/02	07/09	07/16	07/23

Pre-Payment:

Pre-Payment due dates are listed below. If payment is not received on/before the below due date, a late fee of \$20.00 will be applied. **If your child is not in attendance when payment is due, you are still responsible for making sure payment is received.**

WEEK:	1	2	3	4	5	6	7	8	9
DATE DUE:	05/23	05/30	06/06	06/13	06/20	06/27	07/03	07/11	07/18