



Program Registration Forms

Child's Name: _____

Age: _____ Grade (upcoming school year): _____

Circle One: Male Female

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 ___/___/___

C.A.S.A SUMMER WEEKS INFORMATION 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 2026: _____ Student's Age: _____

Section 2: Tuition Rates

Weekly tuition rates for summer 2026- \$160 per child per week. We are closed Memorial Day & July 3rd for Independence Day. School starts back July 31st. Tuition rate for weeks 1, 6, & 10 is \$ 130.00 for those weeks (4 day weeks). There is NO pick your weeks...only full summer registration with the option of taking up to two weeks off.

_____ I would like to pay weekly \$160 (\$130 for weeks 1, 6, & 10)

_____ I would like to pay for the whole summer \$1510 (No Off Weeks)

_____ I would like to pay for the whole summer with one off week

_____ I would like to pay for the whole summer with two off weeks

Tuition includes the cost of all field trips, site activities, lunch and two snacks.
"Off" Week selection changes may be made with the approval of the Executive Director only if done so two (2) weeks in advance of the selected change, and request must be sent by email to greg@casatupelo.com and/or office@casatupelo.com

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. Weekly payments are due the Friday before each week.

See appendix A below for payment schedule.

Section 4: Operational Weeks

The following is a list of operational weeks for C.A.S.A.'s 2026 summer program.

WEEK 1: May 26-29, 2026 (Closed Memorial Day)

WEEK 2: June 1-5, 2026

WEEK 3: June 8-12, 2026

WEEK 4: June 15-19, 2026

WEEK 5: June 22-26

WEEK 6: June 29-July 2, 2026 (Closed July 3rd)

WEEK 7: July 6-10, 2026

WEEK 8: July 13-17, 2026

WEEK 9: July 20-24, 2026

WEEK 10: July 27-30, 2026 (4 Day Week)

If you plan to take (up to) 2 weeks off, please list those here: _____

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: _____

Parent Responsible: _____

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	10
DATE DUE:	5/27	06/3	06/10	06/17	06/24	07/1	07/8	07/15	07/22	07/29

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	10
DATE DUE:	05/22	05/29	06/5	06/12	06/19	06/26	07/2	07/10	07/17	07/24

