



Program Registration Forms

Child's Name: _____

Age : _____

Summer Camp: 2024 School Year: _____

Office Use:

CBC

FUMC

FPC

Start Date : _____ Withdrawal Date: _____

“SELECT YOUR WEEKS” SUMMER FORM

THIS FORM IS NOT AN ENROLLMENT 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 2024: _____ Student's Age: _____

Section 2: Tuition Rates

Weekly tuition Rates for summer 2024: 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 week 1 & 6 is \$ 135.00 for parents choosing 7 or less weeks .

Tuition rate for week 1 & 6 is \$ 130.00 for parents choosing 8 to 9 weeks)

No week section changes can be made after May 24, 2024

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

Section 3: Payments

Please choose a payment plan below.

Payment Plan:

_____ ACH: ACH Payments will be drafted on Wednesdays of each week the child is enrolled.

_____ 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 2024 summer program. Please mark each week you will NEED childcare. No week section changes can be made after May 24,2024.

Any changes before May 24th must be emailed to either: info@casatupelo.com and/ or Greg@casatupelo.com.

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

_____ WEEK 1: May 27th – May 31st (CLOSED ON Monday, 27th) _____ WEEK 2: JUNE 3rd – 7TH

_____ WEEK 3: JUNE 10TH - 14TH _____ WEEK 4: JUNE 17th – 21st

_____ WEEK 5: JUNE 24TH – 28th _____ WEEK 6: JULY 1st - 5TH (CLOSED ON Thursday,4TH)

_____ WEEK 7: JULY 8TH - 12TH _____ WEEK 8: JULY 15TH – 19th

_____ WEEK 9: JULY 22nd –26th

CHURCH AFTER SCHOOL ASSOCIATION, INC.
SUMMER PROGRAM

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:	5/29	06/5	06/12	06/19	06/26	07/3	07/10	07/17	07/24

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:	05/24	05/31	06/07	06/14	06/21	06/28	07/05	07/12	07/19

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: _____

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 advertising / social media ___ Yes ___ No
 My child may take approved field trips sponsored by CASA ___ Yes ___ No
 I understand that my child will 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 may give my child emergency 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 up 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 Director Signature : _____ Date: _____

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.?

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

Breakfast Snack

Breakfast Weeks	Monday	Tuesday	Wednesday	Thursday	Friday
WK 1 (5/27-5/31)	Cereal Bar	4 oz. cup Chex Cereal	1/2 cup Yogurt	4 oz. Cup of cereal	Pop Tart
WK 3 (6/10-6/14)	Gogert	1/2 Banana	4oz. Cup of Strawberry water / Milk	Apples slices	4 oz. cup of fruit
WK 5 (6/24-6/28)	water / Milk	water / Milk	water / Milk	water / Milk	water / Milk
WK 7 (7/8-7/12)					
WK 9 (7/22-7/26)					

Breakfast Weeks	Monday	Tuesday	Wednesday	Thursday	Friday
WK 2 (6/3-6/7)	Muffin	Rice Krispy cereal	Oatmeal cookie	1/2 cup Yogurt	Cereal Bars
WK 4 (6/17-6/21)	1/2 Banana	Apple Slices	4 oz cup Grapes	4 oz stawberries	Orange Juice
WK 6 (7/1-7/5)	water / Milk	water / Milk	water / Milk	water / Milk	water
WK 8 (7/15-7/19)					

Lunch

Lunch Weeks	Monday	Tuesday	Wednesday	Thursday	Friday
WK 1 (5/27-5/31)	Spaghetti	Chicken & Rice	Cheesburger Sliders	Ham & Cheese sub	Pizza
WK 3 (6/10-6/14)	Salad w/ roll	Peas	Tator Tots	Green peppers w/ ranch	Corn
WK 5 (6/24-6/28)	Peaches	Pears	Carrots	Watermelon	Pineapples
WK 7 (7/8-7/12)	Milk	Milk	Apple Sauce	Milk	Milk
WK 9 (7/22-7/26)					

Lunch Weeks	Monday	Tuesday	Wednesday	Thursday	Friday
WK 2 (6/3-6/7)	Chicken Spaghetti	Soft Tacos	Chicken Strips	Hamburger Mac	Ham & Cheese Roll up
WK 4 (6/17-6/21)	Green Beans	Beans & Rice	Mac & Cheese	Corn	carrots w/ Ranch
WK 6 (7/1-7/5)	Pears	Apple Sauce	Broccoli & Califlower	Peaches	Pineapples
WK 8 (7/15-7/19)	Milk	Milk	Milk	Milk	Milk

CASA MAY SUBSTITUTE THE FOLLOWING MAIN DISHES FOR ANY DAY'S LUNCH Menu

Substitutes :	CASA MAY SUBSTITUTE THE FOLLOWING MAIN DISHES FOR ANY DAY'S LUNCH Menu			
Chick Stair Fry	Goulash (American Chop Suey)	Hamburger Steak	Bean & Cheese Quesadillas	
Grilled Cheese	Tator Tot Casserole	Beef Stew	Salsbury Steak	

My Child : _____ Age: _____

(Please cross the days out that your child will not eat casa lunch and will be bringing packed lunch from Home)

