



## School Year Program Registration

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

Age: \_\_\_\_\_ Grade (upcoming school year): \_\_\_\_\_

Circle One: Male Female

School Year \_\_\_\_\_

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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: \_\_\_\_\_

Church Affiliation (Optional) \_\_\_\_\_

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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 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

**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? \_\_\_\_\_



## 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)

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**AUTHORIZATION AGREEMENT  
FOR ACH TRANSACTIONS**

I (We) hereby authorize **CHURCH AFTER SCHOOL ASSOCIATION, 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

\_\_\_\_\_  
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

Student Name(s) \_\_\_\_\_

\_\_\_\_\_  
NAME(S) ON ACCOUNT (please print)

(     ) \_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE