



**Memorial Drive United Methodist Church**  
**MiddleAfterschoolProgram**  
**Registration Information**

**Fall 2010 - Spring 2011**  
**School Year**

Registration packets are now available in the Family Life Center Office. Parents **MUST** return the completed registration packet before their youth will be enrolled in MAP at MDUMC.

Please read the attached flyer for more information about the Middle After-school Program (MAP). If you have any questions please call 713-468-8356, ext. 154.

## **Fees & Tuition**

### **MAP at MDUMC Fee Structure**

5 days/week (3:30 to 6:00 p.m.)	\$175.00/month	Registration Fee: \$75.00
3 days/week (3:30 to 6:00 p.m.)	\$125.00/month	Registration Fee: \$75.00

Families with two or more youth in the program will receive a \$50.00 discount for the second youth.

We will pick up at Spring Forest and Memorial Middle Schools and Westchester Academy. There will be no transportation fees.

**Starting date: August 23, 2010**

**Memorial Drive United Methodist Church**  
**M**iddle**A**fterschool**P**rogram

## **Enrollment Procedure**

1. Please read this information very carefully and in its entirety.
2. Complete all the forms in the packet and return to the Family Life Center office. A youth must have all forms completed to be registered into MAP.

The **Emergency Card** must be completed on both sides and **notarized**. A notary will be available when you register, if the card has not been notarized before that day. The **Enrollment Agreement** must be initialed and signed by **parent or legal guardian**.

- \* If your youth is returning to MAP, you will only need to fill out the Emergency Information Card for 2010-2011 and provide us with a photocopy of the front and back of your current health insurance card.
3. Fees and tuition due at the time of registration include a registration fee of \$75.00, which is **not refundable**. To be registered into the program, the non-refundable registration fee must be paid. Tuition per month will be \$175.00 for 5 days a week or \$125.00 for 3 days a week. Families with 2 or more youth will receive a \$50.00 discount per month.
  4. Waiting lists will be formed when the program has filled. There is no fee for a youth being placed on a waiting list. Fees are only required when a youth is registered into MAP. There is no guarantee that a youth on a waiting list will be enrolled. When openings in MAP occur, parents are contacted in the order that names appear on the list.
  5. After registration, if you should find that your youth will not be able to attend MAP, we would appreciate immediate notification. We do have waiting lists and would like to fill vacancies as soon as they occur. Our office is open throughout the summer. The telephone number is 713-468-8356, ext. 154.

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## Check List

- Enrollment Agreement (new attendee)
- Emergency Information, which includes insurance information; must be **NOTARIZED**.  
(new attendee and returning attendee)
- Copy of Insurance Card, front and back.
- Confidential Information Form (new attendee)
- Transportation Permission Form (new attendee)
- Medical Form (new attendee)
- Check, made out to *Memorial Drive United Methodist Church (MDUMC)* for the amount of the registration and September's tuition. Since August is only one week, consider it a "freebie."

5 days @ \$175/month = \$175 + \$75 = \$250

3 days @ \$125/month = \$125 + \$75 = \$200

**Your youth will not be registered into the program until  
the above forms are complete  
and a check for the full amount of fees is attached.**

**Memorial Drive United Methodist Church**  
**MiddleAfterschoolProgram**

**Enrollment Agreement**

**Signature of parent or legal guardian is required on this document.**

**I understand that this document is a legal contract and that:**

1. Registration fees are non-refundable, except when a family is moving out of the Houston area and that family notifies the director of MAP on or before August 2, 2010. Written notice of a youth's withdrawal from the program must be received in the MAP office by August 2, 2010, along with a request for a refund of registration fees. \_\_\_\_\_Initial

2. I am registering my youth \_\_\_\_\_ for the circled days each week: M T W T F  
If these days change, I will let the MAP Director know.

3. Tuition for September 2010, is due August 23, 2010. Failure to receive this payment by that date will result in my youth being withdrawn from the program. \_\_\_\_\_Initial

4. MAP is a monthly commitment, paid monthly, with no refunds for holidays or days absent. Tuition is due on the first of every month, i.e., October 2010 tuition is due on October 1, 2010. \_\_\_\_\_Initial

5. Hold Harmless Agreement: Knowing that Memorial Drive United Methodist Church has an Accident Policy for its students, I do assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify and hold harmless, Memorial Drive United Methodist Church, Middle After-school Program, the organizers, sponsors, and supervisors and/or all of them. In case of injury of my youth, I hereby waive all claims against Memorial Drive United Methodist Church, any segment of Middle After-school Program, the organizers, sponsors, or any of the supervisors appointed by them. \_\_\_\_\_Initial

I have read this agreement in its entirety and will abide by the above agreement. I affirm that the information on the enrollment form and the medical information form is correct, to the best of my knowledge.

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**Signature of Mother or Legal Guardian** **Date**

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**Signature of Father or Legal Guardian** **Date**

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**Signature of Director, Middle After-school Program** **Date**

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**EMERGENCY INFORMATION 2010-2011**

Youth Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Parent Name(s) \_\_\_\_\_  
Last Name Father Mother

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Mom's Work Phone \_\_\_\_\_ Dad's Work Phone \_\_\_\_\_

Mom's E-mail \_\_\_\_\_ Dad's E-mail \_\_\_\_\_

Special needs \_\_\_\_\_

Allergies \_\_\_\_\_

If parents cannot be located for illness or emergency, contact these individuals: (persons listed must live in this area.)

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Group Number \_\_\_\_\_

Name of Insured \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_

Do you have \_\_\_\_\_ HMO? \_\_\_\_\_ PPO? Do you have co-pay? \$ \_\_\_\_\_

**\*\*\*\*Please attach a photocopy of the front and back of your insurance card\*\*\*\***

\_\_\_\_ Yes \_\_\_\_ No Permission is given for my youth to be transported to and from school or on field trips. I understand that I will be notified in advance of each field trip.

**AUTHORIZATION OF CONSENT TO TREAT A MINOR:** I hereby authorize Memorial Drive UMC to take my youth to any licensed physician or hospital in a medical emergency if parents and emergency contacts cannot be reached.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Notary Public Date

MEMORIAL DRIVE UNITED METHODIST CHURCH  
MiddleAfterschoolProgram

## Confidential Information Form

Youth's Name \_\_\_\_\_ Name called \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
Youth Cell Phone \_\_\_\_\_ Youth E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Where can she be reached during the day? (Company Name \_\_\_\_\_)

**Please note (\*) who to contact if there is a problem during the day and the number  
at which they can most easily be reached.**

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Where can he be reached during the day? (Company Name \_\_\_\_\_)

If parents are separated or divorced, name of custodial parent \_\_\_\_\_

Names of adults who are involved daily in your youth's life (step-parent, grandparent, aunt, uncle, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

School activities in which your youth is involved \_\_\_\_\_  
\_\_\_\_\_

Successes and/or problems in school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Dismissal Time: \_\_\_\_\_

**Memorial Drive United Methodist Church**  
**MiddleAfterschoolP**rogram  
**Transportation Permission Form**

My youth, \_\_\_\_\_ has my permission to ride the MAP bus/van from school to Memorial Drive United Methodist Church each afternoon after school.

I also give permission for my youth to ride the bus/van to various off-campus MAP activities. I will be notified in advance of these activities.

My youth has my permission to ride with the following person(s) to and from Memorial Drive United Methodist Church. I understand my youth is the sole responsibility of the driver of the private car in which my youth is riding.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

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**Medical Form**

Youth's Name \_\_\_\_\_ Grade 2010-2011 \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Is your youth physically and mentally able to participate in group activities? \_\_\_\_\_  
If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your youth have any difficulties with \_\_\_\_\_ hearing \_\_\_\_\_ sight \_\_\_\_\_ speech?  
Other \_\_\_\_\_.

Are there any medical, social, emotional, or physical conditions we need to know about your youth? \_\_\_\_\_  
\_\_\_\_\_

Please check and explain any of the following that affect your youth.

\_\_\_\_\_ food allergies \_\_\_\_\_  
\_\_\_\_\_ contact allergies \_\_\_\_\_  
\_\_\_\_\_ other allergies \_\_\_\_\_  
dietary restrictions \_\_\_\_\_ chronic  
conditions \_\_\_\_\_

Does your youth have any medication(s) prescribed for long-term/continuous use? \_\_\_\_\_  
If yes, please explain what medication(s) and the reason your youth takes the medication. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your youth had seizures? \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_

Has your youth suffered serious injury or illness during the past 12 months? \_\_\_\_\_  
Explain \_\_\_\_\_  
\_\_\_\_\_

My youth is registered at \_\_\_\_\_ School, and all medical records are maintained at the school. All immunizations required by the State Department of Health are up to date, as reflected in those medical records.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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**M.A.P. CALENDAR**  
**2010-2011 School Year**

**M.A.P. WILL NOT BE IN SESSION ON THE FOLLOWING DATES:**

Labor Day Holiday	September 6, 2010
Columbus Day Holiday	October 11, 2010
Thanksgiving Holiday	November 24 – 26, 2010
Christmas Holiday	December 20, 2010 – January 4, 2011
MLK Holiday	January 17, 2011
Presidents Day Holiday	February 21, 2011
Spring Break	March 14 – 18, 2011
Good Friday Holiday	April 22, 2011
Memorial Day Holiday	May 30, 2011

**M.A.P. WILL PICK UP EARLY ON ANY EARLY DISMISSAL DAYS**

December 15, 16, 17, 2010  
May 27 & 31, 2011  
June 1, 2011