

ENROLLMENT APPLICATION

2020-2021 SCHOOL YEAR

What location do you prefer HOLT or LANSING (please circle)

Applicant Information

STUDENT
NAME:

_____ Date: _____
Last First M.I.

Address:

_____ Apartment/Unit #
Street Address

_____ City _____ State _____ ZIP Code _____

Phone: _____ Email: _____

School Name: _____

Gender, Grade & Age: _____

Contact Information

Mother's
Name:

_____ Date: _____
Last First M.I.

Address:

_____ Apartment/Unit #
Street Address

_____ City _____ State _____ Zip Code _____

Phone: _____ Email: _____

Father's

Name: _____

_____ *Last First M.I.*

Address:

_____ Apartment/Unit #
Street Address

_____ City _____ State _____ Zip Code _____

Phone: _____ Email: _____

MEDICAL INFORMATION

Insurance Company: _____ Phone: _____

Policy #: _____ Effective Date: _____

Allergies: _____
Food/Meds _____

Have you or your child been exposed to Covid19? _____

Do you have any symptoms Covid19? _____

Have you or any family members traveled out of state in the last month? If yes, where did you go?

Does your child have any special needs we need to be aware of?

List of Medications authorized to give to your child?

Ethnicity Information

Asian _____ African/Black _____ Caucasian _____ Hispanic/Latinx _____

Pacific Islander _____ Native American _____ Prefer not to answer _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance, I understand that false or misleading information in my application may result in my release. Our community partners are not affiliated, associated, authorized, endorsed by or in any way officially connected with Michigan State University.

Signature: _____ Date: _____

Emergency Contact List

Full Name: _____ Date: _____

Relationship to child: _____

Phone: _____ Email: _____

Authorized to pick up child: Yes ___ No ___

Full Name: _____ Date: _____

Relationship to child: _____

Phone: _____ Email: _____

Authorized to pick up child: Yes ___ No ___

Full Name: _____ Date: _____

Relationship to child: _____

Phone: _____ Email: _____

Authorized to pick up child: Yes ___ No ___

Virtual School Payment

Daycare payments can be made by cash, online, or check made payable to Maranatha Church.

Check one....

I/We prefer to pay weekly (due Monday of each week.)

I/We prefer to pay monthly (due on the 1st of each month.)

Virtual School Hours

Monday through Friday 7:15-3:15 (regular school hours)

Afterschool program 3:30 -5:30. Extended hours can be requested (extra fee)

Photo Release Form

Photo Documentation Consent

Documenting the Centre's activities will be part of our program. From time to time your child's picture may be taken. Pictures taken will be used as displays in the classroom only. I, _____ understand that photos be taken of my child as they take part in the daily activities at the center. I give the staff permission to take photos and display in the classroom.

Parent/Guardian Signature _____

Date _____

Facebook Photo Documentation Consent

The school will have its own Facebook page. This page is a place to communicate, see updates, view pictures of your child's day, and for people to see firsthand what the program is all about. To post any photos, Maranatha needs your written consent to do so. Please fill out the appropriate section below. I, _____ give Maranatha permission to post photos of my child, _____, on their Facebook page. I understand that these photos can be viewed by anyone who uses Facebook.

Parent/GuardianSignature _____

Date _____

Please visit our website @maranathachurchlansing.com