

**2026-27 Registration Form**  
**Madison Methodist Afterschool Care**  
**100 Post Oak Road - Madison, MS 39110**  
**601-853-7436 [www.madisonmc.org](http://www.madisonmc.org)**

The completed Registration Form and payment of the nonrefundable \$175.00 registration fee guarantees your child's place for the 2025-2026 school year.

Checks should be payable to Madison Methodist Church Afterschool Care. Payments may be mailed to 100 Post Oak Rd. – Madison, MS 39110 - Attention: **Madison Methodist Church Afterschool Care.**

Before the start of the school year if you should need to withdraw from our program, a **30- day written notice** (prior to the July 1<sup>st</sup> draft of August tuition and the supply fee) is required. If the required notice is not received, you will be responsible for the August tuition payment. Once the draft has been made, August tuition is nonrefundable. In addition, at any time during the school year, if you fail to give the **30-day written notice**, you are responsible for payment of tuition and other fees for the 30 days following the withdrawal.

**Please Print:**

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age as of September 1: \_\_\_\_\_ ☐ Male ☐ Female

Allergies: ☐ Yes ☐ No Epi Needed ☐ Yes ☐ No Explanation: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Is there a sibling enrolled? ☐ Yes ☐ No If yes, name of sibling: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_

Father's Home Address if Different: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Person Responsible for Payments: \_\_\_\_\_

**I understand that by signing this agreement I agree to all of Madison Methodist Church Afterschool Care policies, procedures, rules, and regulations.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Legal Guardian)

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**OFFICE USE ONLY**

Start Date: \_\_\_\_\_ Class Assigned: \_\_\_\_\_ Teacher Assigned: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ ☐ Cash ☐ Check Check#: \_\_\_\_\_

Supply Fee: \$ \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_



