

2026-27 Registration Form
Madison Methodist Afterschool Care
100 Post Oak Road - Madison, MS 39110
601-853-7436 www.madisonmc.org

The completed Registration Form and payment of the **nonrefundable \$175.00** registration fee guarantees your child's place for the **2026-2027** 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 1st 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)

OFFICE USE ONLY

Start Date: _____ Class Assigned: _____ Teacher Assigned: _____

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

Supply Fee: \$ _____

Tuition: \$ _____

TOTAL: \$ _____

