



**INFANT CHILD CARE REGISTRATION:**

Name of Child: \_\_\_\_\_  
First (Nickname) Middle Last

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F

Are Child's Immunizations Current? \_\_\_\_ Y \_\_\_\_ N If no please explain: \_\_\_\_\_  
\*Note: Please attach a copy of child's Immunization Record.

Previous Child Care Facility: \_\_\_\_\_  
Name City State

**ETHNICITY/RACE:** \_\_\_\_ American Indian/Alaskan Native \_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_ Hispanic/Latino  
\_\_\_\_ Black/African American \_\_\_\_ Asian \_\_\_\_ White Other: \_\_\_\_\_

**CHECK ANY THAT APPLY:**

\_\_\_\_ Father is deceased \_\_\_\_ Mother is deceased \_\_\_\_ Parents are divorced \_\_\_\_ Parents are separated Other: \_\_\_\_\_

**RESIDENTIAL PARENT/GUARDIAN INFORMATION:**

Mother's Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Primary Billing Email: \_\_\_\_\_ Secondary Email (Optional): \_\_\_\_\_

**NON-RESIDENTIAL PARENT INFORMATION:**

First Name Last Name Relationship to student Phone

Address: \_\_\_\_\_  
City State Zip

E-mail Address: \_\_\_\_\_

**APPROVED VISITORS: (OPTIONAL):**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Authorized to pick up? \_\_\_ Yes \_\_\_ No Emergency Contact? \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Authorized to pick up? \_\_\_ Yes \_\_\_ No Emergency Contact? \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Authorized to pick up? \_\_\_ Yes \_\_\_ No Emergency Contact? \_\_\_ Yes \_\_\_ No

**IN CASE OF EMERGENCY: (ADDITIONAL CONTACTS)**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Authorized to pick up? \_\_\_ Yes \_\_\_ No

**Parent Commitment**

**FINANCIAL:**

Invoices— Invoices are sent the first of the month and are due on the tenth of the month. A \$25.00 late fee will be applied to accounts not paid by the 20th of the month. Payments may be made using cash, check, Visa or MasterCard. For your convenience, payments can be made online using the link provided in each emailed invoice.

Non-payment— If a bill is 30 days past due, the child will not be accepted for further care in the infant program until the past due amount has been paid.

Collection—In the event that a bill is delinquent for three months, the account may be turned over to a collection agency. All collection charges, attorney fees and court costs will be added to the bill.

**MEDICAL TREATMENT**

MSCS provides \$5,000 supplemental accident insurance for each child enrolled in our care. This coverage is intended to be excess coverage and pay only after other available coverage, like health insurance, pays. In the event of a student injury during regular school activity, the staff will seek medical care as soon as possible. Medical release forms must be on file for all students.

**NON-DISCRIMINATION POLICY**

Morning Star Christian School does not discriminate in admission, educational, financial or hiring practices on the basis of sex, race, color, ethnicity, creed or physical disability. Please be aware that our school is not equipped to serve children having needs that would best be met in a special education setting.

**MEDIA RELEASE**

I hereby give permission for images of my child(ren), captured during regular and special Morning Star Christian School activities through video, photo and digital camera, to be used solely for the purposes of MSCS promotional material, publications, MSCS website, including television exposure and/or advertising, and waive any rights of compensation or ownership thereto.

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

\_\_\_\_\_  
Date