

MAXIMUM ELEMENTARY

Child Information			
Last Name:	First Name:	Middle Initial:	Nickname:
Residence Address:		Mailing Address (if different):	
Parent Email:		Contact Number during school hours:	
Birthday:		Gender/ Race:	
Referred By (if applicable):		Start Date:	

Emergency Contact Information		
Please list the following for TWO separate people who could assume responsibility for your child should you not be available in case of emergency		
First and Last Name:	Daytime Contact Number:	Address:

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Medical Information for Child: Please understand any medications that are dispensed to your child during the school day must be handed to us in its original prescription bottle.

Name of Medication	Dosage	Dispensing instructions or other comments:

Primary Care Provider Information:

Please provide the physical address for all listed below:	
Name of Primary Care Doctor:	Address:
Name of Dentist:	Address:
Name of Eye Doctor:	Address:
<p style="text-align: center;">Does your child wear glasses needed for school and or prescription contacts? If so, please list any instructions you need us to be aware of when it comes to these devices:</p>	

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Does your child have any health condition, mental health condition, medical diagnosis and/or learning disability? If so, please list appropriate diagnoses below:

Certificate of Immunization (can you provide records?) Yes/No- If No, please provide documentation of exemption

If so please explain how this may affect their daytime routine and the care we will need to be prepared to provide:

I affirm that the information on this form is true to the best of my knowledge and understand that false statements will be grounds for termination from the school.

Signature of responsible Party: _____

Date: _____

Please clearly print the Name of Responsible Party:

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Please list the members of your household and the following information:

Name:	Relationship to Child:	Age (if sibling):

Are there any custody situations that exist within your family? Yes/No

Does your child split their time with any other households such as in a custody situation? Yes/No

If there are any custody situations that exist which provide stipulations for pick up or the like, please provide a copy of the court document so that the school staff can be aware and prepared should an emergency arise. It will be safely kept in your file and not shown to anyone.

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Multimedia Permission

I give my consent for Maximum Elementary to photograph or video my child and/or me or use photograph(s) or videos that already exist of my child and/or me that were taken in a school setting. I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on websites owned or sponsored by the Maximum Elementary. Possible uses include educational, research, development, public service, or training activities, under the overarching vision and mission of Maximum Elementary. I understand that Maximum LLC owns the copyright to the multimedia material in which I, or my child may appear. The organization will assure that it conveys positive images of children and reflect childhood recommended practice.

Please complete a separate form for each participant. If the participant is under age 18, the participant's parent or guardian must sign this form.

Permission for Minor

Name of Child: _____

Parent/Guardian Name (Print)

Signature of Parent/Guardian:

Date Daytime Phone

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Electronic Funds Transfer Authorization

Parent Guardian Name:	
Phone number:	Email Address:
Child Name:	Age:
Child Name:	Age:
Child Name:	Age:
Address:	City, State, Zip:
Credit Card Type: Circle one (MasterCard, VISA, American Express) Other:	

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Credit Card Number:	
CCV:	Expiration Date: (MM/DD/YYYY):

TOTAL DUE

Service Fee Amount:
Tuition agreement or service amount:
Number of Children:
Annual Registration Fee:
TOTAL:

Notes for payment arrangement:

MAXIMUM ELEMENTARY

I hereby authorize my financial institution to make periodic payments on my behalf from the credit/debit account listed above and transfer it to Maximum Elementary. Payments will be drafted on Friday of each week once per week. I understand that I assume full responsibility of my payments and I will notify Maximum Elementary in accordance with their terms and conditions if at anytime I decide to make any changes, discontinue this service, or change or close my credit/debit card. For a full list of terms and conditions please continue to page 2.

Total: _____ (STAFF USE ONLY) (total for all above services)

Effective Start Date: _____ (STAFF USE ONLY)
(date of initial contract)

Draft Date: _____ (STAFF USE ONLY) (day of the week each draft is pulled)

Expiration Date: _____ (STAFF USE ONLY)
(anticipated end date for EFT draft)

****Please keep a copy of this authorization for your records.**

Signature:

Date:

Staff Signature:

Date:

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EFT TERMS AND CONDITIONS

On or after the effective date of EFT, your weekly tuition payments will begin to be deducted from your designated bank account each week under ACH regulations. No installment fees apply to EFT payments. You agree that each payment will occur (the "Draft Date") on the Friday in advance of the next week of services to be provided by Maximum Child Learning Center. If your automatic payment is to be drafted on a holiday, such payment will be drafted on the following business day. The designated account must be in the name of the financially responsible person on record with MAXEL. EFT can be implemented at any time; and will remain effective at the time of annual renewal with MAXEL. If you are currently paying by check or cash, you should continue to make payments (to avoid dismissal) until the EFT payment schedule is effective. If there is a change in your tuition arrangements, a new EFT payment schedule will be implemented. Changes made to this payment option (including customer changes to banking information or draft date), or withdrawal from the EFT payment plan, must be received by MAXEL at least fifteen business days prior to the automatic payment date to be processed for that billing cycle.

The annual registration fee will automatically be drafted by August 15 from the account number you have authorized unless you withdraw your EFT authorization via our website at least 15 business days prior to the renewal date. If an EFT payment fails due to incorrect banking information or insufficient funds, MAXEL may mail a termination notice to the financially responsible family member. EFT payments (and educational services) will be suspended until there is a manual payment to resolve the late balance.

MAXEL reserves the right to change the tuition pay plan to a manual pay plan, at any time.

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ELECTRONIC FUNDS AUTHORIZATION FORM

Per the stated policy in our parent handbook, you have agreed to give MCLC a 2-week written notice of intent to withdraw your child(ren). Determination of the final EFT withdrawal will be made upon receipt of your notice.

Without said notice, we will continue to draft your account for the balance due for a minimum of 2 weeks or possibly longer while we determine your intentions and before we sell your spot to another family.

PLEASE NOTE: It is your responsibility to request that your EFT election be withdrawn at the time of a change of payment plan or withdrawal from MAXEL. You agree that your EFT Withdrawal Request will be effective on the day after your account has been drafted for any balance due.

AUTHORIZATION

To initiate EFT, you must agree to the following statement: "I authorize Maximum Elementary to initiate scheduled ACH deductions from my bank account, for payment of child care services. This authorization applies to payment of tuition and on any renewals thereof, and to any credit entries to the account to correct any erroneous deductions or to provide a refund. I understand that MAXEL may also refund with a paper check. I understand that this authorization allows MAXEL to adjust the scheduled deductions to reflect any tuition changes. I understand that MAXEL will not mail me bills before each scheduled deduction is made. I authorize the financial institution identified by the credit card information above to accept and post entries to the account. I have read and agree to all of the Maximum Elementary EFT terms and conditions. I represent that I am the owner of the account.

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Transfer Students:

Please list the following information if your student is transferring from another school or organization. One form per student:

Name of previous school: _____

Address: _____

Phone number of school: _____

Previous grade completed at school: _____

Did your student have any special services at the previous school such as a 504 or an IEP? _____

If yes, Please sign on the next page, indicating the authorization of Maximum Elementary to obtain the information. Obtaining these records will allow our staff to serve your student in a greater capacity.

MAXIMUM ELEMENTARY

I, (please print your name) _____ approve and allow Maximum Elementary Christian School to obtain and receive the following requested records from (please print organization's name here) _____ . The following records are concerning the minor child named (please print child's name and date of birth here) _____ .

Signature: _____

Date: _____

School comments below for list of requested documents:

MAXIMUM ELEMENTARY

Parent Interest:

Would you like to be involved in our parent volunteer association? If so, please provide your email and phone number for follow up:

Would you like to be signed up for our newsletter? If so, please list the email you would like it sent to:

Would you be interested in subbing for our teachers? Yes/No

Would you be interested in helping with planning school parties and awards day? Yes/No