

The Mission Church Academy

Early Childhood Learning Center

Student Registration Forms 2026-2027



STUDENT INFORMATION:

Student Name: _____

D/O/B: _____

Parent or Guardian Name(s): _____

Address: _____

Phone #: _____ Email: _____

Does wear glasses or contacts: _____ Is student "potty trained?": _____

Allergies: _____

Pediatrician Name: _____ Phone Number: _____

Medications, Medical/Physical conditions, or Special Needs: _____

Prior broken bones, injuries, or deformities: _____

Is the child the subject of a Custody/Visitation Order? _____

**If yes, please provide necessary paperwork if needed.*

How did you become aware of the Academy? _____

PROGRAMS & TIMETABLE

Please note: Any changes in schedules must be emailed over to the Academy office for approval first; and will occur based upon availability.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -
	CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:			DATE OF BIRTH: / /	GENDER:
	CHILD'S HOME ADDRESS:				
	NAME OF PERSON ENROLLING CHILD:		RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative ____ <input type="checkbox"/> Other ____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:					
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /			FOR PROGRAM USE ONLY DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:		DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -
PREFERRED HOSPITAL:		PHONE NUMBER: () -
CHILD'S DENTAL CARE:		PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
<ul style="list-style-type: none"> • I consent to emergency medical treatment for my child..... • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... • I provided information on my child's special needs to the program to assist in caring for my child..... • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... • I agree to review and update this information whenever a change occurs and at least once every year..... 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /

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ENROLLMENT

I/We hereby register the above- named student for the following faith-based educational programs, and/or optional programs, and payment plans as indicated below:

Tuition Costs: *(Registration Fees are required for each program, per child and are non-refundable)*

- ✓ \$270.00 Registration Fee
- ✓ \$180.00 Registration Fee for each additional sibling

Book, Supply: Snack Fee *(non-refundable)*

- ☐ Progressive Bridge/Kindergarten: \$335.00
- ☐ Toddlers, 3s, 4s programs: \$120.00

Academy Programs (please select accordingly):

Infant Program: \$15.25 per hour rate; 8 hours min/wk. Infants must be 6 weeks old at start of care
Please complete drop off and pick- up days and times below:

- ☐ Mondays: _____ am _____ pm
- ☐ Tuesdays: _____ am _____ pm
- ☐ Wednesdays: _____ am _____ pm
- ☐ Thursdays: _____ am _____ pm
- ☐ Fridays: _____ am _____ pm
- ☐ Full Time Enrollment: \$1815.00

Progressive Bridge/K Program: (9am-3pm) Five Days: \$775.00 Per Month

Four-Year Old Program (9am-12pm) Please Circle Preferred Days:

M	Tu	Wed	Th	Fri
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- ☐ (3) Day: \$330.00 per month
- ☐ (4) Day: \$415.00 per month
- ☐ (5) Day: \$510.00 per month

Three-Year Old Program (9am-12pm) Please Circle Preferred Days:

M	Tu	Wed	Th	Fri
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- ☐ (2) Day: \$295.00 per month
- ☐ (3) Day: \$380.00 per month
- ☐ (4) Day: \$465.00 per month
- ☐ (5) Day: \$565.00 per month
- ☐ Full Time Enrollment \$1,710.00

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Toddler Program: (9am-12pm) Please Circle Preferred Days:

M	Tu	Wed	Th	Fri
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- ☐ (2) Day: \$305.00 per month
- ☐ (3) Day: \$390.00 per month
- ☐ (4) Day: \$485.00 per month
- ☐ (5) Day: \$565.00 per month
- ☐ Full Time Enrollment \$1,710.00

Morning Faith Based Program (7am-9am)

\$13.15 per hour

- ✓ \$120.00 Registration Fee (*non-refundable*)
- ✓ \$100.00 Registration Fee for each additional sibling (*non-refundable*).
- ✓ \$65.00 Book/Supply/Snack Fee (*non-refundable*)

Please complete all that apply: **Start Time**

- ☐ Mondays: _____ am
- ☐ Tuesdays: _____ am
- ☐ Wednesdays: _____ am
- ☐ Thursdays: _____ am
- ☐ Fridays: _____ am

After Care through School Age Tuition

\$13.15 per hour

- ✓ \$120.00 Registration Fee (*non-refundable*)
- ✓ \$100.00 Registration Fee for each additional sibling (*non-refundable*).
- ✓ \$65.00 Book/Supply/Snack Fee (*non-refundable*)

Please complete all that apply: **Pick Up Time**

- ☐ Mondays: _____ pm
- ☐ Tuesdays: _____ pm
- ☐ Wednesdays: _____ pm
- ☐ Thursdays: _____ pm
- ☐ Fridays: _____ pm

****Please note there is no Before or After care on days where the Academy is scheduled to be closed.
Please refer to the Academy calendar.***

The Mission Church Academy

Early Childhood Learning Center

Student Registration Forms 2026-2027



TUITION OBLIGATION AND ENROLLMENT POLICY AGREEMENT

Monthly Tuition: the parent or guardian of the above student acknowledge and agree to pay the monthly tuition due on or before the 1st day of each month. Cash and checks (payable to The Mission Church) are accepted but must be personally given to an administrator at the front desk. Please do not send any money in your child's backpack/folder at any time. The Mission Church Academy is not responsible for lost or unfound money. Tuition may also be paid online at missionchurch.com.

- One month's tuition is expected at the time of registration as well as the student's registration fee and books/supplies fee cost. This will secure placement for your child in the Academic School year and is nonrefundable.

Advance Final Payment: an advance payment of the tenth payment is due the first day of the school year or in the event of a later start date, 2 weeks after the start.

Bank Service Fees: returned or rejected payments shall be assessed a bank service fee AND all payments made using a debit or credit card will be subject to a 3% fee.

Late Tuition Payments: late tuition payments shall be assessed penalty fees (\$35.00 after the 1st of each month, \$30.00 after the 11th day of the month) in accordance with the Academy's "Tuition Policy/Agreement." Failure to pay late tuition payments by the 15th will result in student's suspension.

Additional Terms & Conditions

- Monthly tuition is derived from an annual fee divided by a 10-month academic school year term and has already taken into account all school closures, holidays, etc.
- School closure due to unforeseen emergencies will not result in refunds or substitutions.
- Late pickups (pick-ups after the child's regularly scheduled time, will be subject to an additional charge of \$35.00.
- Please note that late tuition fees will be assessed for June payment if payment exceeds the start of school or two-week deadline.
- Any overdue tuition may result in suspension.
- Reduction Change Fee: \$100.00 per child/per occurrence.

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Early Childhood Learning Center
Student Registration Forms 2026-2027



Tuition Agreement/Policy

Please note: This form is to be completed by the student's parent(s) or legal guardian(s). All terms and conditions within this agreement apply to the 2026-2027 academic year. Please read all policies and procedures within the Academy Policy Handbook.

STUDENT INFORMATION (please print)

Last Name

First Name

Date of Birth

Gender

Age as of December 1, 2025: _____

NOTE: Entrance into Academy is based upon space availability, and receipt of all requested forms and fees.

PARENT/GUARDIAN AGREEMENT

I/We understand that The Mission Church Academy & Preschool is a faith-based educational program providing religious instruction, which will be available to my/our child as we fulfill the terms of the tuition agreement as stated below.

I/We affirm that our child is physically, emotionally, socially, and cognitively able to participate at the required grade level in which he/she is enrolled. I will remind and instruct my child that participating in all school activities must be done without infringing upon the rights of others. Further, I/we will ensure that my/our child adheres to the codes of conduct of The Mission Church Academy & Preschool's Policy.

I/We agree to be financially responsible for the Academy tuition and fees for additional programs in which my/our child is registered. **In the event that I/we become delinquent in my financial obligation or need to withdraw my child for any reason, I/we hereby acknowledge that I/we will be required to pay any and all fees incurred over the duration of my/our child's enrollment.**

I/We understand that The Mission Church Academy & Preschool shall have the unilateral right to cancel this agreement and exclude my child from participation in the Academy program **if payment is not received by payment due date which I understand is the first day of each month.**

The Mission Church Academy

Early Childhood Learning Center

Student Registration Forms 2026-2027



ACKNOWLEDGEMENT

NOTE: Both parents and/or legal guardians must accept financial responsibility for payment of tuition and must sign below.

I/We the undersigned hereby agree to all terms and conditions of The Mission Church Academy & Preschool as stated in the Academy Policy Handbook. I/We further agree to be in compliance with the Enrollment and Tuition Agreement and the terms stated therein.

Print - Mother's (or Guardian) Full Name _____

Sign - Mother's (or Guardian) Full Name _____

Date: _____

Print - Father's (or Guardian) Full Name _____

Sign - Father's (or Guardian) Full Name _____

Date: _____

Primary Residence of Parent/Guardian of Student: _____

Home Phone# () - _____ - _____ Cell Phone# () - _____ - _____

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Student Registration Forms 2026-2027



DISCOUNTS

Mission Church Membership Discount 10% (for official church members only)

- Are you an active member of The Mission Church? Y or N

Sibling Discount(s)

- 10% reduction in tuition for the second child enrolled simultaneously at TMCA.
- 15% reduction in tuition for the third or more children enrolled simultaneously at TMCA.

Military Waiver (For Active-Duty U. S. Parent/Legal Guardians)

The Mission Church Academy is honored to serve U.S. military families. Qualified families are eligible to receive a registration fee waiver.

Prepay Discount for the School Year 2%

IMMUNIZATIONS, MEDICAL EXAMINATION AND LEAD SCREENING

In accordance with DCDH regulations, in order for your child to begin attending the Academy, proof must be presented that they have received a complete medical examination by a physician within six (6) months prior to the start of session, accompanied by a written statement giving assurance that there is no medical reason which would prohibit attendance. In addition, proof must be presented indicating that your child has received immunization against; Rubeola (measles), Rubella, Mumps, Diphtheria, Tetanus, Pertussis, Poliomyelitis, Haemophilus Influenzae type b and Hepatitis B, when there are no medical contraindications documented by a physician's certificate. Lastly, prior to or within three (3) months into session attendance, a copy of a Certificate of Lead Screening for your child shall be presented to the Academy for record. When no documentation of Lead Screening exists, the Academy shall provide by waiver to the parent(s) or guardian(s) of a child, information concerning Lead Poisoning and Lead Poisoning Prevention and refer the child's parent(s) or guardian(s) to a physician or to the Local Health Unit to obtain a blood lead test.

Initial/Sign: _____

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Early Childhood Learning Center
Student Registration Forms 2026-2027



AFFIRMATION

I/we affirm that I/we have entered into the registration & enrollment of the above student and the associated Tuition Obligation and Enrollment Contract of my/our own free will and in the absence of coercion and or duress, and further fully understand the terms & conditions contained herein. I/we affirm under penalty of possible student dismissal, that the information provided above is truthful and without error. I also understand that my child cannot begin to attend TMC ACADEMY & PRESCHOOL unless they have received the required physical examination and immunizations

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

The Mission Church Academy & Preschool
4101 Route 52 Holmes, NY 12531

do not write below this line

Official Use: 2026 - 2027 Academic Year

Enrollment Accepted by _____ Date: _____

Start Date _____

☐ Registered in full during OPEN HOUSE WEEK! Discount of \$50.00 off Registration fee applied!
✓ (First Month/ Book/Supply/Snack Fee & Registration Fees)

Payment Received _____ by _____

Date Received _____

check# _____

cash _____

online credit card payment _____

Sleep/Rest Time Agreement

As an early child care and education provider it is our responsibility to maintain a safe sleeping environment for your child. As per OCFS guidelines an agreement must be made outlining nap or rest time procedures for your child. Please complete the form below. This agreement must be completed yearly. Thank you.

Rest Schedule

Infants:

- In the infant room we provide opportunities for the infants to nap as their individual schedule indicates. When infants are napping they are placed flat on their back to sleep, unless medical information from the child's health care provider is presented to the center in writing, by the parent that states this arrangement is inappropriate for that child.
- Infant cribs may not have bumper pads, toys, large stuffed animals, heavy blankets, pillows, wedges or infant positioners unless medical information from the child's health care provider is presented in writing indicating otherwise.

Toddlers – 12:15pm-1:45pm

- Children 18 months and older will nap on a cot in the classroom. Rest time occurs from 12:15-1:45pm. The room is darkened, soothing music is playing and backs will be rubbed if the child wishes. No child is ever forced to sleep, however, this is a quiet time and children are asked to rest quietly for a short time until those children needing to sleep have settled. For those children who do not nap, they will be offered quiet activities.

Preschool, Kindergarten and School Age Programs – 12:15pm-1:45pm

- Children 3 years and older will nap on a cot in the classroom. Rest time occurs from 12:15-1:45pm. A section of the room is darkened and soothing music is played, backs will be rubbed if the child wishes. No child is ever forced to sleep.

Supervision During Rest Time:

As per the requirements specified in section 418-1.8 of the NYS OCFS Regulations, all children will have competent supervision by classroom staff during rest times. Children will be within a staff members range of vision, and will be close enough to assist a child who wakes from nap.

☐ I prefer that my child does not take a nap while at The Mission Church Academy.

Please sign below indicating your understanding and agreement.

Parent Signature _____ Date _____

Provider Signature _____ Date _____

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Early Childhood Learning Center
Student Registration Forms 2026-2027



PHOTOGRAPHY/VIDEO OPT-OUT FORM

(Complete and return this form **ONLY IF YOU DO NOT GIVE PERMISSION** for your student to appear in school publicity images, yearbooks or videos, including postings on the school websites and social media.)

There are many activities and accomplishments that take place in our schools which the Mission Church Academy feels are positive, newsworthy and of interest at time to the community.

If, for any reason, you do not want your child's likeness to be used by The Mission Church Academy about school activities or student achievement, etc. please fill out this form and return to your school office. A separate form is required for each child.

This form only applies to the current school year and to classroom activities or school events that are not already open to the public.

☐ I do NOT wish to have my child photographed/videotaped for news media or school publicity purposes.

Student's full name (please print): _____

Class/Program: _____

Parent or guardian's Name: _____ Date: _____

Parent or guardian's Signature: _____

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Early Childhood Learning Center

Student Registration Forms 2026-2027



CLASS LIST PERMISSION FORM

This is to be completed ONLY if you'd like your name on the list to be shared with the class.

I give my permission to be on the class list. The list will be distributed only to class families.

Child's Name: _____

Parents' Names: _____

Address: _____

Preferred Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Signature _____ Date _____