



**Mental Fitness @ Inman Middle School**

*For Office Use Only:*

Date Received:

Reg. Fee Received:

Notes:

Staff Initials:

**2017-2018 Before / After School Program  
Registration Form**

Child's DOB \_\_\_\_\_

Please print or type.

**Name of Student:** \_\_\_\_\_  
LAST , FIRST , MIDDLE

**Address:** \_\_\_\_\_  
STREET CITY  
STATE ZIP

**Grade Level:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_  
(Will receive program communication) LAST FIRST  
RELATIONSHIP

**Telephone Number:** HOME (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
NAME

TELEPHONE

EMAIL

**Important Medical Information** (allergies, diagnosed health conditions, medications taken every day, etc.): \_\_\_\_\_

**Before/After School Fees:**

Before Care is \$25 / week or you may pay a \$10/day rate for drop in. After School fee is \$60/week or \$15/day for drop in. All fees must be paid weekly bi-monthly or monthly **in advance** by using the **payment portal on our website at [www.mentalfitnessatl.org](http://www.mentalfitnessatl.org)**. We will use the Brightwheel App to keep attendance and to communicate with parents throughout the year. You can download it in The App Store or on Google Play for free.

Parents must pay for the first week of care in advance before starting before or afterschool care. No exceptions. Children will not be allowed to stay and will be sent to the main office to follow the school policy for admittance before or after school hours if fees have not been paid accordingly.



**Name(s) of people authorized to pick-up the student:** (Attach separate sheet if necessary.)

NAME	ADDRESS	TELEPHONE	EMAIL
RELATIONSHIP			

NAME	ADDRESS	TELEPHONE	EMAIL
RELATIONSHIP			

For additional information on Mental Fitness 21<sup>st</sup> Century Learning please visit us on the web at [www.mentalfitnessatl.org](http://www.mentalfitnessatl.org). Please direct any questions or concerns to the **Program Director John Childs** at [jc@mentalfitnessatl.org](mailto:jc@mentalfitnessatl.org).

Child's Primary Care Physician \_\_\_\_\_ Ph# \_\_\_\_\_ Facility Name \_\_\_\_\_

### **Enrollment Policies**

1. Parents must complete the enrollment forms for each child who will attend the program(s).
2. All forms must be completed and returned to the main office **before** the child can participate in the Before or After School Programs.
3. Children will be allowed to attend the program only after all forms have been completed and returned and the first week of program fees have been paid.
4. Each parent must sign up for the Brightwheel App available in the Apple App Store or Google Play Store.
5. Mental Fitness must obtain a copy of your child's immunization record for our files.

Please list any special procedures that need to be followed in daily care for your child: \_\_\_\_\_

Please list any special needs accommodations required for your child. Use the back of the form.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

I give my consent for my child's name, voice, photograph, image, or likeness to be used by Mental Fitness 21<sup>st</sup> Century Learning for the sole purpose of the promotion of Mental Fitness 21<sup>st</sup> Century Learning and/or Inman Middle School.

\_\_\_\_\_  
**Parent/Guardian Signature**

**Date**

If you have questions, contact John Childs @ 404-969-6351 office, or [jc@mentalfitnessatl.org](mailto:jc@mentalfitnessatl.org).

**THANK YOU for registering for Mental Fitness @ Inman Middle School!**

