



Children's Day In at Meridian Street

Children's Day In Registration Form

Student Info

First, Last Name _____

nickname _____

Date of Birth _____

Address/zip _____

Allergies? _____ Agree to photo release? _____

School District/ affiliation _____

Parent 1 Info

First, Last Name _____

Email _____

Cell Phone _____ Work Phone _____

Yes, I can be added to the substitute list!

Parent 2 Info

First, Last Name _____

Email _____

Cell Phone _____ Work Phone _____

Yes, I can be added to the substitute list!

Do not include us in the directory

Meridian Street United Methodist Church
5500 North Meridian Street
Indianapolis, Indiana 46208
<http://meridianstreet.org/children-s-day-in-1>
317.253.0472
317.253.5513 Fax





Children's Day In Registration Form

CHILDREN'S DAY IN CONTRACT-SCHOOL YEAR PROGRAMS

I agree to comply with the policies and procedures of Meridian Street United Methodist Church's Children's Day In Program as set forth in the Children's Day In Parent Handbook &/or on the website. In summary, these policies are as follows:

Tuition Policies

1. All registration fees and tuition paid in advance are non-refundable and non-transferable unless moving out of Marion County and the contiguous counties.
2. August tuition will be due on June 1st. After this date, all unsecured positions will be released to the next person on our waiting list. All other monthly tuition payments will be due by the 1st of the month. A \$5.00 late tuition fee is added per child after the 1st of the month for the first late payment and the late fee increases with each late payment.
3. If you are unable to pay your tuition, please contact the CDI office to work out a payment plan. If you are unable to work out or honor a payment plan, we will have to ask you to leave the program.
4. There will be a \$25 charge on all returned checks, payable in cash or a certified check.
5. Tuition checks should be made payable to Meridian Street CDI and brought or mailed to the CDI office at Meridian Street. Online payment options are also available.
6. No refunds will be made if the school is closed due to unavoidable circumstances such as bad weather or building maintenance problems.
7. Thirty days written notice is required for a child's withdrawal from the program. Parents are responsible for the entire amount of tuition through the thirty-day period.
8. Parents will be assessed a fee of \$10 per family if you do not call to let us know you will be late AND a late pick-up fee of \$1.00 per child for every minute a child is left past dismissal time.

Absences

I understand that if my child is absent from the program for illness or other reasons, I will continue to pay tuition unless he/she is formally withdrawn.

Health

I agree that my child will be in good health and free of communicable diseases each day he/she participates and will have the necessary immunizations or required waivers. Please refer to the State Board of Health guidelines.

Refunds

I understand no refunds will be given for program cancellations.

Illness or Injury

In the event of serious illness or accident as determined by the Director or other personnel designated by the Director, I understand that an ambulance will be summoned to transport the child to a medical facility. I agree to assume the responsibility for any and all costs incurred for the ambulance service and/or emergency medical care provided.

Signature

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