

## SUMMER LATCHKEY 2024 REGISTRATION CHECKLIST

Registration for the 2024 summer is here! You will need to have the following items completed, and compiled to register your child. Pre-registration will open to the public on Tuesday, April 5<sup>th</sup> for online enrollment. If you have any question during the registration process, please contact the program director at (575) 763-8969, or by e-mail [childcare@firstclovis.com](mailto:childcare@firstclovis.com). All registration packets and handbooks can be accessed on our website at [www.firstclovis.com](http://www.firstclovis.com).

### ***Incomplete packets will not be accepted***

- Enrollment Agreement filled out and signed
  - \* You must fill out one option on the Payment Agreement. This will only be used in the case of late payment. Please see the tuition policy.
- Read the parent handbook. You can read the handbook on the website or email the Program Director for a digital copy at the email address provided above.
- An up-to-date copy of your child's immunization record.
- \$35.00 non-refundable registration fee (If you want to pay by credit card you can pay online at our website under the contributions tab)
- Any other fees will be due on the first day of the program

Enrollment Packets can be submitted in 4 ways:

1. Email – you can email completed packets to the Childcare Director at [childcare@firstclovis.com](mailto:childcare@firstclovis.com) and pay the registration fee online at [www.firstclovis.com](http://www.firstclovis.com) under the contributions tab or mail a check or money order to the address listed below (Please state in your email how you have chosen to pay).
2. Mail - you can mail the completed packets with a check or money order to the address listed below.
3. Drop off – you can drop off completed packets with a check or money order to the church office after April 5<sup>th</sup>. The office is open Monday – Thursday 8am – 12pm & 1pm – 4pm.
4. By Appointment – If you would like to drop off your completed packet and registration fee directly to the childcare office you will need to email the Program Director at [childcare@firstclovis.com](mailto:childcare@firstclovis.com) and we can set up an appointment.

**First MC Childcare  
1501 Sycamore St  
Clovis, NM 88101**

***We are excited to see you all very soon!!***



TODAY'S DATE: \_\_\_\_\_ FIRST DAY OF ATTENDANCE: \_\_\_\_\_



# First Methodist Church Summer Latch Key

## 2024 SUMMER ENROLLMENT AGREEMENT

June 3 - August 2

(When CMS release their 2024-2025 calendar we will determine if we need to shorten the program by one week)

NAME OF CHILD: \_\_\_\_\_ Birth date \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Age: \_\_\_\_\_ GRADE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I agree to enroll my child in the First Methodist Church's Summer Latch Key Program. I understand that the hours of operation are Monday through Friday from 7:30 a.m. – 5:30 p.m. **Late fees will be charged at the rate of \$1.75 per minute per child for children picked up after 5:30 p.m.** I agree to honor this enrollment for the 2024 Summer Program. I fully understand that I am responsible for the tuition for the current billing period for the schedule that I have chosen at enrollment full time, or Part time. Changes in schedule must be made to the director before invoices are sent for the next billing period but tuition will not be adjusted due to absence or illness. This policy is necessary for the program to plan staffing and supplies as well as meeting state mandated teacher - child ratios. When withdrawing my child from the program I will give a two-week notice to the Program Director by filling out a withdrawal form or pay two weeks minimum fees.

**In order to reserve a spot in the Summer Program, there is a \$35.00 non-refundable registration fee per child.**

**There is a onetime supply field trip fee of \$50 per child for the summer program.**

This helps offset some of our more expensive field trips and allow for us to do our day camps for all kids without an additional charge.

I agree to pay all fees and charges for these above-mentioned services. We accept the following payment methods: Cash or Check in office and Credit card online at [www.firstclovis.com](http://www.firstclovis.com). There is no longer a fee for credit card payments. I also understand that any change in the fee schedule will require the completion of a new agreement. All summer activity fees are included with tuition.

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

	<b>Weekly Fees</b>	<b>Daily Fees</b>
<b>Per child</b>	<b>\$145.00</b>	<b>\$40.00</b>
<b>Due to the current public health crisis, we will not be accepting Drop Ins. We are sorry for any inconvenience!</b>		

**\*Part Time is a consistent daily set schedule of at least 3 days a week**

**Please initial the desired option**

<b>Part Times – 4 equal payments</b>	
<b>Full Time – 4 equal payments</b>	
<b>Part Times – Pay in Full</b>	
<b>Full Time – Pay in Full</b>	

**Please circle days of attendance: Monday    Tuesday    Wednesday    Thursday    Friday**

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SUMMER PROGRAM  
ENROLLMENT**

For security purposes, First Methodist Church will **NOT** allow children to be dropped off at any locations **EXCEPT 1501 Sycamore**. A signed permission slip is required before children are allowed to participate in the fieldtrip; failure to authorize permission will result in denied care for the day. Parents **will be able to pick up** children at the activity for the day, but will be required to sign children out of the program. If this creates a hardship, then prior arrangements will need to be made with the director.

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

I understand that for the program to do its part in keeping the children safe my child will be expected to do their part to remain safe while off site. If my child is unable to follow all program rules on field trips, I will be notified that day and I will have to find arrangements for my child the day of the next fieldtrip for they will be suspended from the field trip. If my child gets suspended from 3 field trips, they will no longer be able to attend the program.

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located. I give my permission for the Program Director or other personnel designated by the Program Director the right to authorize emergency service immediately and/or emergency transportation for my child

I will **NOT** hold First Methodist Church responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

In order for our staff to give any kind of medication, we need signed permission from parent and written directions from a doctor about when and how much medication to administer. Please secure the proper form which needs to be signed by the doctor, when leaving medication for your child. **ALL CHILDRENS' MEDICATIONS MUST BE LABELED AND BROUGHT IN ITS ORIGINAL CONTAINER, WHICH SHALL INCLUDE THE NAME OF THE CHILD, DOSAGE, AND THE HOURS WHEN THE MEDICATION SHOULD BE GIVEN.**

New Mexico Licensing requires parents to acknowledge daily, any sunscreen ointment or other over-the-counter medications given to your child. Your signature when you sign your child out is your acknowledgement that you are aware of any medications that were given or applied.

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

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**DISCIPLINE:**

Means training that teaches one to obey rules and control one's behavior. It is an ongoing process with children and for maximum learning to occur, immediate and consistent reinforcement is important. We encourage self-control and responsibility for one's own actions. Respect for each other, self, peers, and authority is taught with love and consistency. However, there are occasions when a child creates a situation which infringes upon the rights of the other children and the provider. The child **needs** to know that I, as a parent, support the program as the authority while the child is in their care.

Examples of behavior that will **not** be tolerated are:

1. Fighting or touching others in inappropriate ways
2. Profanity and name calling
3. Destructive acts against FUMC property
4. Lack of respect for staff and peers
5. Deliberate disobedience
6. Throwing playground covering, rocks or dirt
7. Continued disruption
8. Harming other children or staff

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

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We have a zero-tolerance policy in regards to violence. If my child harms another child or teacher in any way, I understand that I will be notified by staff and be responsible to pick my child up from camp within 30 minutes of the notification. Parents and child will be required to enter into a behavior agreement. If issues persist the program reserves the right to withdrawal the child from the program.

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

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I have read and understand the digital copy of the FMC Child Care Program Policies Handbook for Summer Latch Key and agree to all terms set within it. The handbook can be accessed on the church website [www.firstclovis.com](http://www.firstclovis.com).

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

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We know communication is **Everything** between teacher and parent. We will make ourselves available to parents who would like to drop-in or need to have a conference with the teachers, Supervisor, or Childcare Director. We ask that if you have a question or concern, please bring it to us. We can't solve a problem if we don't know about it. We can be reached at (575) 763-8969, or e-mail [childcare@firstclovis.com](mailto:childcare@firstclovis.com). Your comments are always welcomed. **Please respect us enough to talk to the Director rather than to others about a complaint or problem you may have. Taking to any form of social media to "bash" the school or any employee will be grounds for expulsion.**

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_



# TUITION POLICIES

2023

First Methodist Church Childcare is a non-profit organization and maintains a tight budget; we try to keep our rates affordable and as low as possible. For this reason, it is necessary that parents cooperate in paying accounts on time so that we in turn can meet our obligations.

Tuition payments are due on the following schedule:

Payment due date	June 3 <sup>rd</sup>	June 17 <sup>th</sup>	July 1 <sup>st</sup>	July 15 <sup>th</sup>
Late by date	June 7 <sup>th</sup>	June 21 <sup>st</sup>	July 5 <sup>th</sup>	July 19 <sup>th</sup>

A Payment agreement form is required for each child's registration packet to be complete. This form must have a debit/credit card or checking account listed as a reliable payment source. This is **NOT** optional.

On the first business day after the **Late by date** any account with a balance will have the full balance due on the current invoice drafted from the card/account on file. At any time, you may pay your account in advance to alleviate your card being drafted. Please be sure this is a reliable payment source because any payments that are returned to us will be charged a \$35.00 returned payment fee.

**No credit will be given for absences due to illness (this includes COVID 19 quarantine regulations) or vacation days taken during the program.**

Please be sure your payment method is a reliable payment source. If a parent gives FMC a check that **is returned for insufficient funds**, the parent will be contacted, requesting that cash for the fees owed **plus a \$35.00 fee** be brought to the church as soon as possible. If it happens a second time the parent will be notified that the child can remain enrolled but all fees will need to **be paid in cash only**. FMC will reserve the right not to accept checks from parents that have more than two returned checks to the church for non-payment.

**If your child is not picked up by 5:30pm a late charge of \$1.75 a minute will be charged to your account.**

If your account is not current and arrangements have not been made, we will be forced to withdraw your child. Your child may re-enroll upon availability and all accounts are paid in full. No child will be allowed to re-enroll for the following school year until all accounts are paid in full and arrangements are made to stay current with payments.

First Methodist Church Childcare accepts cash and checks in office or credit cards online at [www.firstclovis.com](http://www.firstclovis.com). There is no longer a fee for credit card payments.

You may also set up auto pay through the website.

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

**First Methodist Church  
Summer Latchkey  
Payment Agreement  
2024**

I hereby authorize First Methodist Church Childcare to initiate credit/debit card charges to the below-referenced credit/debit card or checking account if I have not made a payment by the late by date. I understand it is my responsibility, as the owner of said account; to keep a reliable payment source on file at all times to avoid any additional fees for payments returned. If there is a payment arrangement made between an outside party and/or two separate households, each cardholder will need to complete a separate payment agreement. Only one option must be filled out.

**CREDIT/DEBIT CARD:**

Cardholder Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC # \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E-CHECK:**

Account holder name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Routing number: \_\_\_\_\_  Checking

Account number: \_\_\_\_\_  Savings

Account holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b><u>For Office Use Only:</u></b></p> <p>Date Received: _____</p> <p>Employee Initials: _____</p>
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**ALL AREAS OF THIS FORM MUST BE FILLED OUT. DO NOT LEAVE ANYTHING BLANK.**

**Child Admission Form  
First Methodist Church – Summer Latch Key  
1501 Sycamore St., Clovis, NM. 88101 - 575.763.8969**

\_\_\_\_\_  
First Day of Attendance

\_\_\_\_\_  
Last Day of Attendance

\_\_\_\_\_  
Child's Name: Last, First, MI.

\_\_\_\_\_  
Birth Date Sex:  Male  Female

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Parent / Guardian Information:**

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Place of Business

\_\_\_\_\_  
Business/Cell Phone

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Place of Business

\_\_\_\_\_  
Business/Cell Phone

**Emergency Information:**

\_\_\_\_\_  
Allergies:

None

\_\_\_\_\_  
Significant Medical Information or Special Needs:

None

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Phone

**I give permission for Emergency**

\_\_\_\_\_  
Hospital

\_\_\_\_\_  
Phone

**Medical: Transportation:**  Yes  No

**Treatment:**  Yes  No

**Name two (2) Local Emergency Contacts (other than parents or guardians):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**At the end of the day or during any day my child may be released to the person or persons that have legal custody or the following persons:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian:

\_\_\_\_\_  
Date

Revised 3/18

CONSENT, INDEMNIFICATION, AND RELEASE FROM LIABILITY

**EVENT: Transportation to/from fieldtrips for the 2024 Summer Latchkey Program**

**DATE(S): June 3, 2024 – August 2, 2024**

I acknowledge that it is my desire for my child, \_\_\_\_\_, to participate in the activities of First Methodist Church in the above listed event(s) on the above listed date(s) and related activities, including activities on and/or away from the church premises, as well as transportation to and from such activities.

In consideration of being permitted to participate in such activities, including the transportation to and from such activities, I hereby discharge First Methodist Church, its officers, employees, agents, and members of the Board of Trustees from all actions claims or demands I and my heirs, distributives, guardians, legal representatives, or assigns now have or may have hereafter for any and all loss or damage and any claim for damages resulting there from on account of injury to my child's person or property, even injury resulting in death of my child, whether caused by negligence of my child or otherwise, while my child is for any purposes participating in such activity.

I further agree to indemnify First Methodist Church its officers, employees, agents, and members of the Board of Trustees and each of them from any loss, liability, damage, or cost they may incur due to the participation of my child in such activity, whether caused by the negligence of my child or otherwise.

**I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability, an indemnification, and an assumption of risks and I'm signing it of my own free will.**

This consent, indemnification, and release from liability shall remain effective until revoked in writing and delivered to any officer, employee, or agent of First Methodist Church or the finish date listed above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date