

## AFTERSCHOOL LATCHKEY 2026-2027 REGISTRATION CHECKLIST

Registration for the Latchkey 2026-2027 school year 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 Monday, April 20th, for online registration. If you have any questions during the registration process, please contact the Program Director at (575) 763 -8969 or by e-mail at [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.
- \$40.00 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 20<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: \_\_\_\_\_



**AFTER SCHOOL  
Latch Key Program  
ENROLLMENT AGREEMENT  
Follows CMS Calendar  
2026-2027**

**NAME OF CHILD:** \_\_\_\_\_ **Nickname (if applicable):** \_\_\_\_\_

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

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

**NAME OF SCHOOL:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

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

**E-MAIL:** \_\_\_\_\_

I agree to enroll my child in the First Methodist Church's After School Latch Key Program. I understand that the hours of operation are from afterschool – 5:30 p.m. Monday thru Friday following the Clovis Municipal School calendar. Please note that we follow the school calendar on dates for closure, including snow days. **Late pick-up fees will be charged at the rate of \$1.75 per minute per child for children picked up after 5:30 p.m.** Hours will be included to accommodate early dismissal days when possible. I fully understand that I am responsible for the tuition for each month based on the attendance schedule that I have chosen. Changes in schedule must be made to the director before invoices are sent for the next month but tuition will not be adjusted due to vacations, illness, or closures. This policy is necessary for the program to plan staffing and supplies as well as meeting state mandated teacher-child ratios. Please notify the program and your child's school if your child will not be attending any pre-scheduled days. This is required for attendance lists to be current for our van drivers. I agree to honor this enrollment agreement for the 2025-2026 school year. When withdrawing my child from the program, I will give a **two-week notice** to the Program Director by filling out the withdrawal form or pay two weeks minimum fees.

I agree to pay all fees and charges for services regardless of my child's attendance. Payments are due the first of every month; payments will be considered late the 10<sup>th</sup> of the month. If payments or a payment arrangement has not been made by the 10<sup>th</sup>, I agree that the full month's tuition may be charged to my account on file the first business day following the 10th. 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.

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

**In order to reserve a spot in the After School Latch Key Program, we must receive a \$35.00 non-refundable registration fee per child, a copy of your child's shot records, and the completed Enrollment Agreement.**

<b>Full Time Weekly Fees</b>		<b>All Schedules outside of Full Time</b>
<b>1 child</b>	<b>\$100.00</b>	<b>\$25.00 per day</b>
<b>2 children</b>	<b>\$190.00</b>	<b>\$47.50 per day</b>
<b>3 children</b>	<b>\$280.00</b>	<b>\$70.00 per day</b>
10% discount for each additional child.		10% discount for each additional child.

I will need my child to attend     Mon    Tues    Wed    Thurs    Fri     each week.  
(Please circle all days needed.)

I understand that a part time schedule must be at least 2 days a week and that the After School Latchkey program does not have a drop-in schedule.

\_\_\_\_\_ I agree to pay my Child's monthly tuition in full by the 10<sup>th</sup> of each month or the full month invoice may be charged to the account I have on file with the program.

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

**Please initial which service of the First Methodist Church After-School Latch Key your child will be utilizing for the 2026-2027 school year.**

\_\_\_\_\_ My child, \_\_\_\_\_, will need the services of the First Methodist Church van from \_\_\_\_\_ Elementary School at \_\_\_\_\_ p.m. from \_\_\_\_\_ to \_\_\_\_\_  
(Name of Elementary School) (Time of Release from School) (First Day of Attendance)

\_\_\_\_\_ . The First Methodist Church After-School Latch Key Program will take every \_\_\_\_\_ .  
(Last Day of Attendance)  
opportunity to help parents with children wishing to participate in our program. Due to the number of requests, we get for our services, the First Methodist Church van will **only** be available to children and families that have children enrolled in the After School Program **at least 2 days per week**.

\_\_\_\_\_ My child \_\_\_\_\_ will be brought from his/her school to the First Methodist Church at 1501 Sycamore Street. I understand that it is my responsibility to make all necessary transportation arrangements.

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, the Program Director will attempt to call persons listed for emergency contact. I give my permission for the Program Director or other personnel designated by the Program Director the right to request 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: \_\_\_\_\_

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Please read the online parent handbook for our illness guidelines. If your child gets sick during the program you will be notified and have 30 minutes to pick your child up. If you are unable to come in 30 minutes, we will begin to call emergency contacts. If your child remains at the program sick for more than an hour, we will call 911. We are unable to separate children who are potentially contagious from all other children. The safety and health of ALL program children is our responsibility. Please see parent handbook for extensive sick policy.

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

In order for our staff to give any kind of medication, we need signed permission from a parent or gaurdian 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 are 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 my 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 FMC 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

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

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I understand that First MC After School Latchkey Program has a late fee policy of \$1.75 per child per minute. This policy will only affect me if I do not pick up my child within the agreed times of the After School Program. **I understand late fees will be charged at the rate of \$1.75 per minute per child.**

**I agree to honor the enrollment for the 2026-2027 After-School Latchkey program. When withdrawing my child from the program, I will give a two-week notice to the Program Director by filling out the withdrawal form or pay two weeks minimum fees.**

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

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**Latch Key Policy and Handbook Agreement**

I have read, and understand the digital copy of the First MC Child Care Program Policies Handbook for Latch Key. The Handbook can be accessed on [www.fumcclovis.net](http://www.fumcclovis.net) under the childcare tab. I have read the policy statement and I agree to abide by the First MC Child Care Program Policies Handbook for Latch Key. I understand that it is my responsibility to notify the First Methodist Church if my child is ill and will not be in attendance.

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

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We welcome our parents anytime to participate in our programs and be a part of our activities. 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 at [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: \_\_\_\_\_

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I **give/do not give** the First Methodist Church **Childcare** permission to use my child's picture for FMC After School Latchkey uses. The intended use of the pictures is to virtually display the activities of FMC After School Latchkey to enrolled families, and church members. Pictures will not be captioned with children's names.

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

**SNACKS:**

The program will provide a daily snack. If your child has a **severe** allergy to foods please notify the director for special accommodations, and or exemption.

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**TUITION POLICIES**  
**2026-2027**

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 1<sup>st</sup> of each month and considered late by the 10<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.

The first business day after the 10<sup>th</sup> of each month any account with a balance will be drafted from the card/account on file. The full balance due on the current invoice will be drafted on the 11<sup>th</sup> of each month. If for any reason the 11<sup>th</sup> falls on a weekend or if we are closed on Monday, those charges will be drafted the following business day. 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 during the school year.**

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 in advance and **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 our website [www.firstclovis.com](http://www.firstclovis.com). **There is no longer a fee for credit card payments.**

**You may also request to set up an auto pay through the childcare office.**

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

**First Methodist Church  
Payment Agreement  
2026 – 2027**

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. You only need to fill out one option. Thank you!

**CREDIT/DEBIT CARD:**

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

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

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

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

**CHECKING ACCOUNT:**

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

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

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

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

**For Office Use Only:**

Date Received:

Employee Initials:

**Child Admission Form**  
**First Methodist Church - 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 4/13

CONSENT, INDEMNIFICATION, AND RELEASE FROM LIABILITY

**EVENT: Transportation to/from school for After School Latchkey Program**

**DATE(S): \*According to the Clovis Municipal Schools 2026-2027 School Calendar**

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, distributies, 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