McCurdy Ministries After School Care 2025-2026 Packet

Greetings!

Welcome to the 2025-2026 school year!

McCurdy Ministries After School care program is a faith-based after-school program for Kindergarten to elementary-aged kids. At After School Care, students experience free play, snacks, homework help, and educational games as well as faith-building arts and crafts, drama, and Bible study.

Please fill out the following packet and return it to our Business Office.

Thank you!

McCurdy Ministries After School Care
Registration Checklist
2025-2026 School Year

- ☐ **Registration Form**
- ☐ **Contract**
- ☐ **Computer Use Guidelines**
- ☐ **Photo/Video Release Form**
- ☐ **Pick-Up/Drop-Off Authorization Form**
- ☐ **Emergency Form**
- ☐ **Financial Aid Form**

McCurdy SAFE Training Required

To ensure the safety of the children in our care and in our community, all parents, guardians, grandparents, or other family members who wish to volunteer in the classroom will be required to complete our McCurdy safety training prior to volunteering.

All McCurdy Ministries staff and volunteers receive this training and certification.

If you have any questions, please feel free to contact the Business Office at businessoffice@mccurdy.org or call 505-753-7221, ext. 264.

McCurdy Ministries After School Care

Registration Form
2025-2026 School Year

STUDENT INFORMATION:

Full Legal Name: _____

Address: _____

City/ZIP: _____

Date of birth: _____**Place of birth:** _____

Gender: _____

Where will your child be attending Kindergarten?_____

How did you learn about McCurdy Ministries' After School Care? _____

FAMILY INFORMATION:

Parent/Legal Guardian

Name_____

Address_____

Home Phone_____

Work Phone_____

Cell Phone_____

E-mail_____

Place of Employment_____

Parent/Legal Guardian

Name_____

Address_____

Home Phone_____

Work Phone_____

Cell Phone_____

E-mail_____

Place of Employment_____

Physical Address for Home Visits (include directions)_____

_____

_____

_____

ADDITIONAL FAMILY INFORMATION:

Primary language spoken at home_____

Check if applicable:

_____ Father Deceased	_____ Father Remarried	_____ Parents Divorced
_____ Mother Deceased	_____ Mother Remarried	_____ Parents Separated
_____ Legal Guardian(s)	_____ Single Parent	
_____ Lives with Grandparent/Other family member		

If parents are divorced/separated:

Who has primary custody?_____

With whom does the applicant live?_____

Would you like school mailings to go to both of the addresses above?_____

Any other special circumstances that it would be helpful to be aware of? _____

_____

_____

Parent/Guardian Signature_____ **Date**_____

Parent/Guardian Signature_____ **Date**_____

McCurdy Ministries After School Care
CONTRACT for Academic Year 2025-2026
(Please Read Carefully Before Signing)

THIS CONTRACT made and entered into by and between McCurdy Schools of Northern New Mexico (DBA McCurdy Ministries) After School Care and

_____, the parent(s)/guardian(s) of the named student, properly signed, acknowledges the agreement of McCurdy Ministries After School Care to accept the named child,

_____ as an After School Care student for the school year 2025-2026.

By registering at McCurdy Ministries After School Care, the student together with their parent(s)/guardian(s) indicate their willingness to accept and observe the school's academic, disciplinary and financial regulations.

Note: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

IN CONSIDERATION of the covenants, conditions, and provisions herein contained, it is agreed by the parties as follows:

<u>McCurdy Ministries After School Care Program agrees to:</u>

1. **Provide a safe and supervised environment for all children in their care.**
2. **Demonstrate Christian values to students, families, colleagues, and stakeholders.**
3. **Attempt to notify parent(s)/guardian(s) immediately of emergency conditions.**

<u>Parent(s)/Guardian(s) agrees to:</u>

1. **Pay the required fees in full, per one of the specified payment plans (see below).**
2. **Complete and submit prior to start of the school year, the Emergency Information form, provide a physician's authorization form if the named student is required to carry an inhaler or epi-pen.**
3. **Allow McCurdy Ministries After School Care Program to suspend, or dismiss the named student for disobedience of the rules and regulations of the program.**
4. **Allow McCurdy Ministries After School Care Program to take the named student to the hospital for emergency conditions, and to allow the attending physician to perform such medical procedures the physician deems necessary.**
5. **Release and hold harmless McCurdy Ministries After School Care Program, its agents and employees from all claims, damages or other liabilities for injuries to the named student, unless injury results from gross negligence on the part of program.**
6. **Hold McCurdy Ministries After School Care Program harmless in case of loss, theft or destruction of the named student's property which has been brought to the program.**
7. **Allow McCurdy Ministries After School Care Program to search the named student and his or her property, including but not limited to backpack, and/or storage space.**
8. **Read, sign and abide by the terms of this contract and the program regulations and policies as explained in the Program Handbook, and any other School publications, as amended from time to time.**
9. **Allow McCurdy Ministries After School Care Program to use the named student's picture for promotional purposes.**
10. **Complete all forms necessary for enrollment, including health/immunization records and medical forms.**

FEES

The Parent(s)/Guardian(s) agree(s) to pay the following:

$1200 for the term (August-May), payable via the following options (*please choose one*):

- ☐ **One payment (in full), due August 15, 2025**
- ☐ **Two payments ($600 each), due August 15, 2025 and January 15, 2026**
- ☐ **Ten monthly payments ($120 each), initial payment due August 15, 2025, subsequent payments due no later than the 15th of each month.**

Financial Aid is available making reduced rates possible for those families needing assistance. Monthly payments will be adjusted accordingly, but due dates remain the same. Families with multiple children enrolled will automatically receive reduced tuition (half) for all additional children.

Additional/Incidental Fees:

1. **A McCurdy SAFE fee of $30.00 for all parents wishing to volunteer in the classroom or on out of class excursions such as field trips or field events.**
2. **The cost of any materials or property damaged or destroyed by the student.**
3. **There will be a $1.00/minute assessment charged for every minute past 5:45 p.m. until the child is picked up.**

The Parent(s)/Guardian(s) agrees to the following payment regulations:

1. **Payments are due upon receipt of the statement/invoice, and are considered past due after the 15th of each month. Accounts not paid in full by the 15th will be considered late, and charged a $25.00 late fee. If the 15th falls on a weekend or a holiday on which the business office is closed, payment is due the following business day.**
2. **Checks returned for insufficient funds are subject to a returned check fee of $25.00.**
3. **Accounts that are more than 30 days delinquent will result in your child not being able to attend After School Care until the account is current.**
4. **Accounts more than 60 days delinquent will be turned over to a collection agency.**
5. **The Parent(s)/Guardian(s) is responsible for the full month's fees for every month that the student is enrolled. Any credit balance on an account in case of student withdrawal will be refunded by mail.**

Date _____Parent(s)/Guardian(s) _____

Date _____Parent(s)/Guardian(s) _____

Date _____McCurdy Business Mgr _____

McCurdy Ministries After School Care

2025-2026 Computer Use Guidelines and Technology Agreement

(Please Read Carefully Before Signing)

As we continue to integrate technology into our educational curriculum, it's essential to establish clear guidelines to ensure the purposeful and responsible use of our computer resources.

Please review the following guidelines and ensure compliance to optimize our learning environment:

1. Purposeful Use: Students are expected to use all technology equipment solely for educational assignments guided by teachers. Personal communication or leisure activities, including listening to online media unless assigned are strictly prohibited.

2. Supervised Sessions: Each student will be assigned to one computer workstation per session, supervised by a staff member. This ensures focused and responsible usage.

3. Technology Agreement: Prior to accessing any computer, students must have a signed technology agreement on file. This agreement outlines their commitment to responsible and appropriate technology use.

4. Respect Copyright Laws: Users must adhere to copyright laws when accessing and distributing electronic information resources. This includes respecting licensing agreements and trade secrets.

5. Privacy and Reporting: Students should understand that messages are not guaranteed to be private. Any messages related to or supporting illegal activities must be reported to an adult immediately.

6. Internet Usage: Our Internet service is strictly for educational purposes. We utilize educational platforms such as Starfall.com, Scholastic, and ABC Mouse to enhance learning experiences.

7. Equipment Limitations: Mccurdy After School Care has access to a limited number of computers. To ensure fair access, students must adhere to the assigned schedule for computer usage.

We appreciate your cooperation in adhering to these guidelines to create a safe and productive learning environment

I understand and agree to abide by the Mccurdy Ministries After School Care Ethical use of Technology. I further understand that any violation, may mean having my child's computer access revoked.

Parent/Guardian Signature: _____ Date: _____

Name of Student:_____

Mccurdy Ministries After School Care
2025-2026 Photo/Video Release Form

I give permission for photography of my child _____ to be taken while he or she is involved in the McCurdy Ministries After School Care Program and to be used for public relations purposes for McCurdy Ministries.

_____ _____

Parent's or Guardian's Signature **Date**

Mccurdy Ministries After School Care
2025-2026 Pick-Up/Drop-Off Authorization Form

Child/Children_____ **Age:**_____

_____ **Age:**_____

_____ **Age:**_____

The following individuals may check my child/children in or out of the McCurdy Ministries After School Care.

Name	**Relationship**	**Phone Number**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It would also be helpful to know the names and relationships of those who may NOT pick up your child after school. Please list the names of those individuals below.

Name	**Relationship**
_____	_____
_____	_____
_____	_____

Please fill in:

_____

Parent/Guardian: _____ **Home Phone:**_____

_____ **Work Phone:**_____

Address: _____ **Cell Phone:**_____

_____

Parent/Guardian Signature _____ **Date** _____

Please note: during the first few weeks of the school year, a valid photo ID may be requested for pick-up to ensure that staff can verify persons authorized for pick-up.

McCurdy Ministries After School Care
2025-2026 STUDENT EMERGENCY FORM

STUDENT INFORMATION – (*Please print legibly*)

NAME (Last, First, MI)	AGE	DATE OF BIRTH	PLACE OF BIRTH	ETHNICITY	STUDENT LIVES WITH:

PARENT/GUARDIAN INFORMATION – (*Please print legibly)*

PARENT NAME	PHYSICAL ADDRESS	HOME PHONE #	WORK PHONE #	CELL PHONE #
PARENT NAME	PHYSICAL ADDRESS	HOME PHONE #	WORK PHONE #	CELL PHONE #
GUARDIAN NAME	PHYSICAL ADDRESS	HOME PHONE #	WORK PHONE #	CELL PHONE #

EMERGENCY INFORMATION (NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY)

NAME / RELATIONSHIP	HOME PHONE #	WORK PHONE #	CELL PHONE #	E-MAIL ADDRESS

PLEASE COMPLETE BOTH SIDES OF THE EMERGENCY FORM

ALLERGIES OR MEDICAL CONDITIONS

FAMILY PHYSICIAN – NAME AND PHONE NUMBER	**FAMILY DENTIST – NAME AND PHONE NUMBER**

If parent/guardian has no preference, the student will be taken for emergency medical care. It is understood that I will pay for any emergency transportation or care unless the costs are otherwise covered by insurance. If a parent/guardian cannot be reached, the student will be accompanied by a school administrator.

I give my permission for medical: Transportation YES_____ NO_____ Treatment YES_____ NO_____

I give my permission for my child to be transported for illegal substance testing or screening if deemed necessary. I understand that I am responsible for any fees incurred. YES_____ NO_____

_____	_____	_____
Parent/Guardian Name(s)	**Parent/Guardian Signature**	**Date**

McCurdy Ministries
After School Care
Financial Aid Form 2025-2026

Instructions: Complete this form and return to the Business Office along with application.

Enrolled Participant Information:

Name: (Last)_____(First):_____

Date of Birth:_____

(Check if applicable for enrolled participant)

_____Foster Child

_____SNAP (currently receiving benefits under the Supplemental Nutrition Assistance Program)

_____FDPIR (Food Distribution Program on Indian Reservation)

_____ECECD support

Household Information:

List the first and last name of each person living in the household. Include yourself and all children other than the one(s) listed above

First:	Last:	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number in household: _____

Household income: Please indicate source and amount of current income for all members of your household. (The income you report must be last year's annual income from January, 2024-December, 2024)

Wages/ Salary $_____ Child Support $ _____ Social Security $_____

Pension/retirement $_____ Unemployment $_____ Other income $_____

Total Annual Income $_____

_____ _____

Signature of Adult Family Member Date

Please note: if there are any extenuating circumstances that would help us determine your eligibility for tuition support, please either indicate that on the back of this form, or schedule a time to visit with the Director of Finance and Operations or the Executive Director.