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MADISON-RIDGELAND ACADEMY *www.mrapats.com*

APPLICATION FOR DAYCARE/LUNCHBUNCH PROGRAM

Student's Name

_____ **First** _____ **Middle** _____ **Last** _____ **Preferred**
Home Address

_____ **Number and Street** _____ **City** _____ **State** _____ **Zip**
Home Phone

Grade for 2006-07 _____ **Age** _____ **Birthdate** _____ **Sex** M
F

Father's Name _____ **Business/Cell Phone**

_____ **Place of Employment** _____ **Business Address**

Mother's Name _____ **Business/Cell**
Phone _____

Place of Employment _____ **Business**
Address _____

Mother's Maiden Name _____

Parent's Marital Status: ___ Married ___ Separated ___ Divorced ___ Widowed

Name of Child's Physician: _____ **Office**
number _____

Allergies or Physical
Impairment: _____

Other
Comments _____

In Case of Emergency (other than parents - local):

PLEASE CHOOSE ONE OF THE FOLLOWING DAYCARE OPTIONS:

_____ **DROP-IN LUNCHBUNCH - TUESDAYS AND THURSDAYS 11:30 A.M. - 2:00 P.M.**

\$ 12.00 PER DAY - TO BE PAID ON DAYS ATTENDED

_____ **RESERVED LUNCHBUNCH - WEDNESDAYS 11:30 A.M. - 2:45 P.M.**

\$ 550.00/YEAR \$ 55.00/MO. FOR 10 MONTHS

_____ **3:15 DAYCARE - MONDAY THROUGH FRIDAY 11:30 A.M. - 3:15 P.M.**

\$1,350.00/YEAR \$135.00/MO. FOR 10 MONTHS

_____ **6:00 DAYCARE - MONDAY THROUGH FRIDAY 11:30 .AM. - 6:00 P.M.**

\$1,900.00/YEAR \$190.00/MO. FOR 10 MONTHS

PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

_____ **PAYMENT IN FULL (ATTACH A POST DATED CHECK FOR 8-1-2007)**

_____ MONTHLY PAYMENT WITH BANKDRAFT (PLEASE COMPLETE A
BANKDRAFT
AUTHORIZATION FORM AND ATTACH A VOIDED CHECK.)

PARENT'S SIGNATURE _____ DATE _____

***** PLEASE ATTACH YOUR CHECK FOR \$50.00 FOR REGISTRATION*****

*THERE WILL BE A LATE CHARGE WHEN YOUR CHILD IS NOT PICKED UP
AT THE SPECIFIED TIME.