

Student Name: _____ Nickname _____ DOB: ___/___/___ Grade: _____

Parent/Guardian Information

Mother's Name: _____ Custody: YES ___ NO ___ Home Phone #: _____ Cell #: _____

Place of Employment: _____ Phone #: _____

Father's Name: _____ Custody: YES ___ NO ___ Home Phone #: _____ Cell #: _____

Place of Employment: _____ Phone #: _____

Child's Home Address: _____ Adult the child resides with: _____

Please list siblings in this program: _____

Emergency/Medical Release

Physician's Name: _____ Phone #: _____

Insurance Carrier _____ Policy #: _____

***Attach a copy of Insurance Card**

Is this your primary carrier? Yes No If no, please list primary carrier: _____ Policy #: _____

Any allergies? Yes No If yes, please explain: _____

Any medications? Yes No If yes, please explain: _____

Any other conditions we should be aware of? Yes No If yes, please explain: _____

By signing this enrollment form you are giving permission for the After School Elementary Childcare personnel to seek qualified medical attention in the event of an emergency if a parent/guardian cannot be contacted.

Emergency Contacts

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Student Release:

I hereby authorize the release of my child(ren) to the following individuals:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

I understand that it is my responsibility to notify each person listed above that a picture ID is required to pick up my child(ren). Please Initial: _____

Fee & Payment Schedule:

The following fee structure has been approved by the School Board for 2019-2020.

One Child Per Family	Two Children Per Family	Three Children Per Family	Four Children Per Family
\$25.00 per week	\$45.00 per week	\$67.00 per week	\$90.00 per week

- The minimum weekly charge for one student is \$25 regardless on the number of days in attendance for that week. A discount of 10% is given to families with two or more children.
- A late pick-up fee of \$4.00 is charged for each 15-minute period after 5:45 p.m.
- If payment is not received by due dates outlined on the fee schedule, a \$10 late fee will be assessed.
- **A \$25.00 penalty is charged for returned checks and all future payments must be made in cash and one week in advance.**
- A payment schedule is attached.

I have read and understand the fee structure. **Please Initial: _____**

I have read and understand the discipline practices used at the center. **Please Initial: _____**

I agree and acknowledge that all the information furnished by me to the childcare program is true and accurate to the best of my knowledge.

Signature: _____ Date: _____