

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 2017-2018.

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: \_\_\_\_\_**