



After School Program Registration

A program registration form must be completed and a \$30 per child, **non-refundable**, registration fee must be paid **prior** to attendance. Priority to admittance will be given on a first come, first served, basis. Students residing outside of their designated school district must be OPEN ENROLLED to register for the next school year. You may be put on a waiting list depending on the number of children currently enrolled in the program.

Registration and Tuition Agreement

By Signing Below, I Understand:

- I am to advise the After School Program staff immediately in the event of any changes in the information on this form or regarding any custody issues
- that all listed fees are applicable to my child's participation in the After School Program. All fees are due on the first school day of each month (or on a weekly basis, on Monday, if approval is obtained from the Director) *(see handbook for details)*
- that if I do not make payments on time, a \$10 penalty will be assessed on the fifth day. *(see handbook for details)*
- **that all payments are to be paid online via Smartcare** & there will be a \$30 fee for failed payments. *(see handbook for details)*
- that my failure to pay fees on time may result in immediate termination of this agreement by the school
- that fees are due and payable regardless of attendance. If a child is absent for any reason, payment is still due. *(The program is staffed based on the number of children expected to attend.)*
- that I must pick up my child by 6 PM. There is NO late pick up. In emergency situations I MUST contact the director to notify them of the emergency and a \$1 per minute penalty will apply. At 6:15 if no contact has been made, local emergency authorities will be contacted
- that I have received and am required to read the After School Parent/Student Handbook, which includes "Child and Parent Rights," and I must adhere to those guidelines
- that my child may use electronic viewing/listening devices as an educational tool; including viewing rated G or PG movies

TUITION = \$13 PER SCHOOL DAY - PAID MONTHLY

Unless weekly payments are approved by Director

Must complete all blanks

Child's Name _____ Date of Birth _____ Age as of Aug 1 _____

Male/Female *(circle one)* Grade Entering in August _____ Allergies/Medical _____

Guardian #1 Name *(Account Owner)* _____ Relationship _____

REQUIRED
Contact Phone _____ Mobile/Home *(please circle)* Work/Other Phone _____

Place of Employment _____ **REQUIRED**
Email Address _____

Guardian #2 Name _____ Co-Owner: Yes or No Relationship _____

Contact Phone _____ Mobile/Home *(please circle)* Work/Other Phone _____

Place of Employment _____ Email Address _____

Child's Address _____ City _____

Child's Primary Physician Name/Number _____ / _____

Child's Restrictions / Limitations _____

★ Emergency Contact Name/Number *(person to contact **FIRST**)* _____ ph. _____ ★
Please list a number where someone can be reached in an emergency. Please do not list a number that has an answering machine. If none of your emergency numbers are in working order, or no one can be reached, local authorities will be contacted to assist in your child's emergency.

Parent/Guardian's Signature _____

BE SURE TO COMPLETE THE BACK SIDE OF THIS FORM

Medical Emergency Transportation

I give permission for Scott County Schools to transport my child to _____ hospital PHONE (_____) in case of a medical emergency which will require professional medical attention. This decision can and will be made at the discretion of the principal and/or After School Program staff.

Parent Name _____

Parent Signature _____

Authorized persons (Other than listed on page 1) approved to pick up your child. **Photo ID required at time of pick up.**

NAME	
RELATIONSHIP	
CONTACT PHONE NUMBER	

NAME	
RELATIONSHIP	
CONTACT PHONE NUMBER	

NAME	
RELATIONSHIP	
CONTACT PHONE NUMBER	

NAME	
RELATIONSHIP	
CONTACT PHONE NUMBER	

NAME	
RELATIONSHIP	
CONTACT PHONE NUMBER	

**Daily behavior issues may be discussed with any person listed as a pick-up person for your child.*

Please let us know any other information about your child that would be helpful to us:
