

After-School Plus (A+) Program Registration Form

For official use only.
____ Checked eligibility status.

Signature of Site Coordinator _____ Date _____

STUDENT INFORMATION

1st Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade ____

Other educational/health information about student: _____

2nd Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade ____

Other educational/health information about student: _____

3rd Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade ____

Other educational/health information about student: _____

School _____ Phone _____ Check Days Attending M Tu W Th F

Language spoken at home: _____ Ethnicity (optional) _____

Child Resides with: _____

FAMILY INFORMATION

Mother/Legal Guardian's Name _____ Home Phone _____

Mother's Mailing Address _____
Street City Zip Code

Mother's E-Mail Address _____

Mother's Employer/School _____ Work/Cellular Phone _____

Mother's Employer/School Address _____
Street City Zip Code

Mother is authorized to pick-up: Yes _____ No _____

Father/Legal Guardian's Name _____ Home Phone _____

Father's Mailing Address _____
Street City Zip Code

Father's E-Mail Address _____

Father's Employer/School _____ Work/Cellular Phone _____

Father's Employer/School Address _____
Street City Zip Code

Father is authorized to pick-up: Yes _____ No _____

**List below adult individual(s) authorized to pick-up your child from the facility and their phone numbers.
(The child will not be released to any individual not listed below.)**

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any changes in departure authorization must be received in writing from the parent/legal guardian.

AFTER-SCHOOL PLUS (A+) PROGRAM REGISTRATION AGREEMENT

1st Child's Name _____ School _____

2nd Child's Name _____

3rd Child's Name _____

Parent/Legal Guardian _____

PARENT/LEGAL GUARDIAN'S RESPONSIBILITIES AND BILLING PROCEDURES

Parent/Legal Guardian's Responsibilities/Agreements: Please initial each of the following to indicate that you have read, understand, and agree with each item.

I understand and agree that:

- _____ 1. My child(ren) is not allowed to come and go freely from the A+ Program site.
- _____ 2. My child(ren) must sign-in each day and I (or authorized adult) must sign him/her out each day.
- _____ 3. My child(ren) will be released only to adult(s) listed on the registration form.
- _____ 4. I must maintain communication with the Site Coordinator/Group Leader about my child(ren) and keep him/her informed of pertinent changes.
- _____ 5. I must notify the Site Coordinator/Group Leader of daily departure changes.
- _____ 6. I must contact the A+ Program when my child(ren) will be absent on any of his/her scheduled days of attendance, regardless of whether he/she was absent from school. I realize this is for my child(ren)'s protection.
- _____ 7. If a medical emergency arises, the A+ Program will first attempt to contact me. If I cannot be reached, the A+ Program will attempt to contact adults authorized by me in case of emergency, and that if no authorized adults can be reached, appropriate treatment will be secured at the nearest medical facility. If a major illness or injury is involved, my child(ren) will be transported by ambulance to a designated site and/or physician and I am financially responsible for any medical care or transportation incurred on my child(ren)'s behalf.
- _____ 8. The A+ Program will operate from close of school to 5:30 p.m. each school day or at another designated time as determined by the site. The program will not operate during school vacations, state holidays, Teacher Institute Day, and school half-days.
- _____ 9. Transportation to and from the A+ Program will not be provided. If my child(ren) attends an A+ Program at a school other than his/her regular school, I must make transportation arrangements and assume responsibility for getting my child(ren) to the other school.
- _____ 10. It is my responsibility to see that my child(ren) is picked up by the designated closing time.
- _____ 11. If my child(ren) is having problems in the program, a conference will be arranged between myself, the staff, and the Site Coordinator.
- _____ 12. The A+ Program reserves the right to terminate A+ Program services if it is determined that placement is unsatisfactory.
- _____ 13. If weather or other emergency forces the closing of regular school, the A+ Program will also be closed.
- _____ 14. If my work/school schedule changes, I must notify the A+ Site Coordinator about the changes.
- _____ 15. I am aware and authorize that my child(ren) may participate in physical development/coordination activities during A+.
- _____ 16. I understand that my child(ren) will be given an option of alternative activities if they choose not to participate in physical development/coordination activities during A+.

Fee Procedures: Please initial each of the following certifying that you have read, understand and agree with each item.

I understand and agree that:

- _____ 1. I am responsible for monthly A+ Program tuition.
- _____ 2. **I shall pay the monthly tuition when it is due or it must be postmarked before the first school day of each month. Payment for December/January combined months will be paid in December.**
- _____ 3. I must not send payments to school with my child(ren), but must bring or mail them to the A+ Program at the school.
- _____ 4. The monthly tuition I pay for my child(ren) is a flat rate, and that it does not depend on the number of days my child(ren) actually attends the program.
- _____ 5. The A+ Program will make no refunds once tuition is paid for the month even if my child(ren) has attended only part of the month, e.g., even for one day.
- _____ 6. I must pay a \$25.00 service charge (cash or money order) for checks that I write to the program that are returned by the bank because of insufficient funds.
- _____ 7. I understand that the monthly A+ Program tuition is due on or before the first school day of each month. I shall pay a \$5.00 late charge per family for each school day a payment is overdue. If I do not pay the monthly tuition within the first five (5) A+ Program days of the month, it will result in my child(ren)'s immediate termination from the A+ Program on the sixth (6th) A+ Program day.
- _____ 8. Failure to pay any outstanding fees by the end of the month shall result in my child(ren)'s termination from the program.
- _____ 9. My child(ren) may re-enroll if I pay all outstanding fees, and a penalty fee of \$25 for reinstatement. If I have more than one child enrolled in the A+ Program, my family is penalized a flat reinstatement fee of \$25.
- _____ 10. I will arrange for another authorized adult to pick up my child(ren) if the adult responsible for my child(ren)'s pick-up is to be late. If no other arrangements can be made, I will make every effort to call the school to notify A+ staff of my expected tardiness.
- _____ 11. If my child(ren) is picked up late, I will pay a \$5.00 late fee per child for every 15 minutes beyond the closing time, (that is, 1-15 minutes late – \$5.00; 16-30 minutes late – \$10.00, etc.) and that chronic tardiness may result in my child(ren)'s termination from the A+ Program.

I understand and agree to abide by the above parent responsibilities and billing procedures. I understand and agree that my failure to do so may result in termination of my child(ren)'s enrollment in the A+ Program.

Signature of Parent/Legal Guardian

Date

A+ PROGRAM EMERGENCY FORM

(This form needs to be completed every school year.)

Father's ID No. _____
Mother's ID No. _____

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

Month	Day	Year				

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Child resides with _____

Mailing Address _____ Zip Code _____

Father/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____	Mother/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____
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EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent/Legal Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

My child has health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, check: <input type="checkbox"/> QUEST <input type="checkbox"/> Medicaid OR <input type="checkbox"/> Private If private, check your plan: <input type="checkbox"/> HMSA <input type="checkbox"/> Kaiser <input type="checkbox"/> Tri-Care <input type="checkbox"/> Other

- My child receives regular care for the following medical conditions:
 - No medical condition
 - Yes. **Please check below:**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Cough/Wheezing	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> JRA Arthritis	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Rheumatic Heart	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Problems
 - Allergies:** Bee Sting Food Medications Other _____
Date and type of last reaction _____
 - Other Health Concerns: _____
- Takes medications (LIST) _____

• Other children in the household:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____