

Student Registration

StudentName#1: _____

School Name: _____ Grade: _____ Teacher's Name: _____

StudentName#2: _____

School Name: _____ Grade: _____ Teacher's Name: _____

StudentName#3: _____

School Name: _____ Grade: _____ Teacher's Name: _____

Mother / Guardian

Name: _____

Home Phone: _____

Cell Phone: _____

Office Phone: _____

Email Address: _____

Employer: _____

Employer Address: _____

Father / Guardian

Name: _____

Home Phone: _____

Cell Phone: _____

Office Phone: _____

Email Address: _____

Employer: _____

Employer Address: _____

Family Unit

Parent's Live together	Yes	No
Child(ren) lives with	Mother	Father
Is there a court order protecting the custody of the child(ren)?	Yes	No

Additional Information

Child(ren) Address: _____

May we use your Child's photo for advertisement, new stories, and/or websites?	Yes	No
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StudentName#1: _____

StudentName#2: _____

StudentName#3: _____

Enrollment Agreement

After School - 2018/2019	Monthly	Mon	Tues	Wed	Thurs	Fri	Student
<u>ONE TIME</u> Registration FEE	\$50						1
5 Days a week	\$345						2
4 Days a week	\$325						3
3 Days a week	\$305						
Stay and play for a (day)	\$39	Indicate what days your child(ren) will be attending ASAP					
Sibling Discount	\$25/month						

Due to our need to properly staff our programs, no refunds will be given for absences. If tuition is not paid in a timely manner, and the account balance becomes past due, the student(s) will be removed from the program until the account is brought current. Additionally, until the account is current, if enrolled in ASAP the student will not be picked up from school and transported to Roswell ASAP. Parent/Guardian shall be responsible for any and all collection fees, including attorney's fee, incurred by Roswell ASAP in collecting any unpaid fee balances.

In the event that Roswell ASAP offers child care services when school is not in sessions, additional fees will be incurred should I choose to register my child for any additional programs.

I have read Roswell ASAP's Policies and Procedures contained herein and agree to pay all fees as noted above. The terms as stated in this handout cannot be altered by any verbal representation made by any staff member or Roswell ASAP.

Print Parent/Guardian Name: _____

Parents/Guardian Signature: _____

Date: _____

Transportation Agreement

In consideration of being given the opportunity to participate in Roswell ASAP (After School Achievement Program), other activities, and to receive transportation provided by Roswell ASAP.

I understand that my child will have opportunities to be transported in a van or mini-bus belonging to Roswell ASAP. I acknowledge that although Roswell ASAP endeavors to provide safe transportation for my child(ren) and employs qualified drivers for transportation services, there is risk involved in transporting children. In the event of a schedule change I will notify Roswell ASAP.

Print Parents/Guardian Name: _____

Parents/Guardian Signature: _____

Date: _____

Student's Name # 1: _____

Date of Birth: _____ Age: _____ Gender: _____

List any physical and mental health (including allergies, medications and behaviors):

Student's Name # 2: _____

Date of Birth: _____ Age: _____ Gender: _____

List any physical and mental health (including allergies, medications and behaviors):

Student's Name # 3: _____

Date of Birth: _____ Age: _____ Gender: _____

List any physical and mental health (including allergies, medications and behaviors):

Consent for Medical Treatment

Physician Name and Phone number	
Medical Insurance Company and Policy #	
Dental Insurance Company and Policy #	
Preferred Hospital for Treatment	

I hereby authorize and consent to the administration of any and all medical, dental and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and/or blood transfusions to the above named minor person that may be ordered by a physician and/or dentist in attendance and the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital. I understand that Roswell ASAP LLC., their officers and employees assume no financial obligation or liability in case of my child's accident or illness. I assume full financial responsibility for emergency treatment for my child.

Print Parent/Guardian Name: _____

Parents/Guardian Signature: _____ **Date:** _____

Emergency Contacts

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship to child(ren): _____

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship to child(ren): _____

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship to child(ren): _____

Non Contact with child(ren)

Name: _____

Relationship to child(ren): _____

Reason for: _____

Authorization for pick-up

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship to child(ren): _____

1

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship to child(ren): _____

2

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship to child(ren): _____

3

Non Contact with child(ren)

Name: _____

Relationship to child(ren): _____

Reason for: _____