

LIFE AFTER SCHOOL REGISTRATION FORM

2011-2012

Long Form- Revised 7/25/11

Grade in School _____

School your Child is enrolled _____

(Those who are 4 years, 9 months through completed kindergarten must submit immunization records.)

Child's Name _____

Street Address _____

Home Phone Number _____

P.O. Box _____ City _____ Zip _____

Email Address _____

Age _____ Birthdate _____ Sex _____

Father's Name _____

Business Phone _____ Cell Phone _____

Mother's Name _____

Business Phone _____ Cell Phone _____

Name, address, and phone number of person who would assume responsibility for your child in an emergency. This will be used only when we are unable to get in touch with you.

Name _____ Phone _____

Address _____

Family Physician _____ Phone _____

Are there any medical problems or allergies that we should be made aware of? If yes, please list:

ATTENDANCE AGREEMENT

_____ will be attending LAS on the following days:
(Child's Name)

Please circle: Mon. Tues. Wed. Thurs. Fri.

My child is in the _____ grade, and attends _____.
(School)

Insurance Company _____

Policy Number _____

The undersigned parent(s)/guardian(s) having legal custody or control of a minor, grant emergency permission for any emergency treatment and hospital services that may be rendered to said minor under the general or specific direction of Dr. _____ or any hospital emergency department physician.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

If the parents are divorced, is there joint custody of the child?

Yes _____ No _____

If yes, please include the name and phone number of the other parent.

Name _____

Phone _____

Do both parents have the authority to pick up the child?

Yes _____ No _____

If not, LAS needs to have a copy of the pertinent court documents on file.

NOTE: PROBLEMS BETWEEN EX-SPOUSES ARE NOT THE RESPONSIBILITY OF LAS. IT IS THE PARENTS RESPONSIBILITY TO COMMUNICATE WITH ONE ANOTHER. WE WILL NOT BE PUT IN THE MIDDLE. FAILURE TO RESOLVE COMMUNICATION PROBLEMS WILL RESULT IN TERMINATION OF SERVICES WITH NO REFUND. THIS INCLUDES PAYMENT FOR CHILD CARE!

Other pertinent information:

ADMISSION AGREEMENT FORM 2011-2012

Child (ren)'s Name & Date of Birth

Mother's Signature

Father's Signature

***NOTE: If parents are divorced, the initials of each parent are required.**

Admission Policies I

I have received a copy of the LAS Admission Policies. I have read and understand its policies and procedures, and agree to comply with the program rules and regulations.

(Initials) (Initials)

Services Offered

The Life After School Program is for children Pre-Kindergarten through Eighth Grade. This includes a snack, homework assistance, and educational enrichment activities.

(Initials) (Initials)

Admission Policies II

Healthy children will be admitted and accorded equal treatment and access to services without regard to race, religion, color, national origin, or ancestry. The Life After School Program is for children ages 4 years, 9 months and up.

The following forms must be completed and turned in to LAS **BEFORE** your child may be admitted into the program: Copy of Admission Agreement, Notification of Parents' Rights, Personal Rights, Identification and Emergency Information, Consent for Emergency Medical Treatment, and Child's Pre-admission Health History (Parent's Report). An immunization record must also be submitted for all children kindergarten and under. **LAS will not hold a spot for your child until all paper work is completed.**

(Initials) (Initials)

Immunization Requirements

Children must be immunized against Polio (3), Measles, Mumps, and Rubella (1), Diphtheria- Pertussis- Tetanus (DPT-4), Hib, Hepatitis B, and Varicella (or give date of the disease), or have a statement on file giving a reason for exemption. The last TB test must have been within the past two years. Up-to-date immunization records must be presented at the time of enrollment.

(Initials) (Initials)

Days and Hours of Operation

School Year Schedule: 3:30-6:00. Monday through Friday

(Initials) (Initials)

School Closings

I understand that Life After School Program will be closed on the following holidays mentioned in the school calendar: LAS follows the DISD calendar, we are open when Hexter is in full day sessions.

1. Labor Day
2. Thanksgiving Week
3. Christmas Break (see calendar)
4. New Year's Day
5. Martin Luther King, Jr. Day
6. Presidents' Day
7. Memorial Day
8. 4th of July

(Initials) (Initials)

Absences

I understand that on a day that my child is unable to attend, it is my responsibility to notify LAS as soon as possible.

(Initials) (Initials)

Illness

I understand that I will be contacted should my child become ill while at LAS. I agree to pick up my child promptly upon such notification. I also understand that my child cannot attend LAS on a day in which he or she is ill, as defined in the Admission Policies.

(Initials) (Initials)

Communicable Disease

I understand that I must inform LAS within 24 hours, or the next business day after my child or any member of our immediate family has developed any communicable disease. I also understand that life threatening diseases must be reported immediately.

(Initials) (Initials)

Sign-In / Sign-Out

Life After School Sign-In/Sign-Out sheets. We become responsible when you sign in, and you resume responsibility when you sign out. **You, as the adult, must sign your child in and out. You must use your full signature and not just initials.**

Chronic indifference to this responsibility jeopardizes your child's continued enrollment. After signing out, your child should remain with you. The staff will sign in students picked up by the program or dropped off by a school bus.

(Initials) (Initials)

Release of Child(ren)

I understand that my child will be released only to myself, a legal guardian, the other parent (except where prohibited by court order), and to those persons whose names I have listed on my child's Emergency Information Form. I understand that if someone other than my child's parents/guardians is to pick-up my child on a specific day, I must notify LAS, even if they are listed on the Emergency Information Form. The designated person will be required to show a picture ID.

(Initials) (Initials)

Emergency Contacts

I understand that I am required to maintain at all times, at least one additional emergency contact other than myself, including full names, home and work addresses, home and work phone numbers, and cell phone numbers. I understand that in the event of an emergency for which I or my emergency contact cannot be reached, the staff may contact police or other emergency authorities.

(Initials) (Initials)

Change of Information

I understand that it is my responsibility to inform LAS of any changes to the information on the Emergency Information Form, as well other forms in the registration packet, including, but not limited to: address, home phone number, parents' work numbers, medical conditions, and pick-up authorizations.

(Initials) (Initials)

In the Event of an Emergency

In the event of an emergency, if I cannot be reached, LAS has my permission to contact the physician(s) listed on my child's registration forms, or have my child transported to a local hospital for care. I will not hold LAS or its' employees liable. I understand that I am responsible for all expenses incurred.

(Initials) (Initials)

Violent or Unsafe Behavior

I understand that I may be contacted should my child display violent, unsafe, or continually inappropriate behavior. I agree to pick up my child promptly upon such notification.

(Initials) (Initials)

Financial Policies

Tuition:

LAS will have a flat rate monthly fee of \$100 for your first child and \$85 for every child after that. It will be due by the 7th of every month. We will have a \$10 a day drop in fee, it will be required that you pay that drop in fee with cash or by check everyday when you pick up.

LAS will no longer bill monthly, it will be required by the 7th and there will be a permanent drop off spot for your payment. You may pay in cash, money order or check. We do not accept any kind of debt/credit card.

Tuition is subject to change with a month's advance written notice.

(Initials) (Initials)

Returned Checks

Tuition checks returned by the bank are subject to a \$10.00 return check charge. If two checks are returned within a three month period, payment by cash or money order will be required.

(Initials) (Initials)

Late Pick-Up Charge

It is imperative that all parents pick up their children on time. There will be a five minute grace period, after that the charge is \$1.00 per minute and is due at time of pick-up. Continued late pick-ups will result in a termination of services.

(Initials) (Initials)

Withdrawal

Children benefit most when the program and the home have a similar philosophy of teaching and discipline. Should the time arise when either the Life After School Program or the parent feels that the child is not benefiting from the program, either party may request withdrawal without prejudice with a two week written notice.

(Initials) (Initials)

Conditions of Termination

As mentioned above, LAS has the right to terminate this agreement and ask a parent to withdraw enrollment, if any of the following occurs:

- the child presents a health or safety threat
- repeated discipline problems
- lack of parental cooperation
- on-going late pick up
- inappropriate parental behavior to children, teachers, or staff
- chronic lack of payment

I have read, understand, and will comply with the policies and procedures included in the Admission Agreement.

Father's Signature _____ Date _____
 Mother's Signature _____ Date _____