

Student's Name _____ Enrollment Date _____

Address _____ City _____ ZIP _____

Age _____ Date of Birth _____ Elementary School _____ Grade _____

Home Phone # _____ Parent/Guardian email _____

Parent's Name (s) _____ Parent's Cell # _____

Parent's Name (s) _____ Parent's Cell # _____

Names and Numbers of Transportation for this child (ID may be required)

Are there ANY MEDICAL or ALLERGY PROBLEMS THAT YOUR INSTRUCTOR SHOULD BE AWARE OF? (If yes, please explain below) _____

Are there ANY LEARNING OR PHYSICAL CHALLENGES (ADD, ADHD, ETC) This is asked only to benefit the Child.

IN RECOGNITION OF THE POSSIBLE DANGERS CONNECTED WITH ANY PHYSICAL ACTIVITY. MEMBER(S) HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT OF CAUSE OF ACTION OF ANY KIND WHATSOEVER ARISING AS A RESULT OF SUCH ACTIVITY FROM WHICH LIABILITY MAY OR COULD ACCRUE TO THE ACADEMY, ITS OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

Signature of Parent or Legal Guardian _____

check one	Attendance	Afterschool Tuition
<input type="checkbox"/>	Full Time (4 or 5 days)	\$70 per week
<input type="checkbox"/>	Part Time (3 or fewer days)	\$55 per week

If part time, circle days: Monday Tuesday Wednesday Thursday Friday
 (schedule must be set and cannot change)

Initial then Sign

_____ I agree to pay Edge ATA \$_____ per week during the 2018/19 school year.

_____ I understand that I am responsible for payment unless school is cancelled or during a blackout date.

_____ There is a mandatory two week cancellation notice if I wish to discontinue after school service. **(Email Only)**

_____ I also agree to the late pickup policy - \$1 per minute late.

_____ I also agree to the \$10 fee assessed for a no show without first contacting Edge ATA.

_____ If a student is absent, please contact Mrs Edge's cell at 678.617.7593

_____ I have seen and understood the Blackout Policy

Signature: _____ Date _____