

Bigfork ACES

2020-2021 Enrollment

Please fill out a separate form for EACH child you would like to register. Please make sure to fill in ALL blanks of this form. You will be required to register with our online program on October 1, 2020

Students Name _____ Date of Birth _____ Grade _____

School _____ Teacher _____
(Homeroom or English teacher if in middle school)

Ethnicity _____ Student limited in English proficiency? Yes No

Gender: Male Female

Attended program in the past? Yes NO Email _____

Address: _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ email _____

Father's Name: _____ Cell Phone _____ Work _____

Mother's Name _____ Cell Phone _____ Work _____

Guardian's Name: _____ Cell Phone _____ Work _____

Occupations _____

Local emergency contact OTHER than Parent/Guardian:

Name _____ Phone _____

Other authorize pick-up people _____

Acknowledgment and Consent: Please Initial _____

For Internal and external use, I acknowledge that the 21st Century AfterSchool Program and/or its sponsors and local news media may utilize film, print, and digital images of a student or a family, which may be taken during involvement in the 21st Century AfterSchool Program activities. I consent to such uses & hereby waive all rights to compensation.

Transportation: Please Initial _____

I understand that occasionally my child may go on trips away from the ACES facility. I hereby give my child permission to travel with the 21st Century AfterSchool Program on foot or in their van for field trips. I understand that my child will not return to ACES until 5:15pm on field trip days.

Dinner/Snack Program

_____ I give my child permission to participate in the ACES meals program. ACES serves a super snack daily at 3:45pm.

I have read the ACES 20-21 parent handbook and agree to abide by the standards set out by Bigfork ACES Inc. Please attach a copy of our waiver found in the parent handbook.

Signature _____ Date _____

Name of student _____

Medical Information:

Doctor Name _____ Phone _____

Serious Health Problems: No Yes If Yes, explain (please use back of paper)

Medications: No Yes If Yes, explain

Allergies _____

Disabilities _____

CONFIDENTIAL INFORMATION

LUNCH STATUS – PLEASE COMPLETE THIS PART – IT IS ESSENTIAL FOR OUR GRANTS AND FUNDING

_____ FREE _____ REDUCED _____ Non-applicable

_____ Attached is proof of eligibility for free or reduced lunch status. Lunch status is required to be updated each school year. Please provide your updated copy of 2020-21 paperwork by October 1.

The current COVID-19 guidelines only allow us to have 40 kids at one time at ACES. This year we will require that you sign your children up for specific days that they will be attending and pre-pay on a monthly or yearly basis.

Only those who have pre-paid for the month or year will be allowed to attend. FEES ARE AS FOLLOWS:

Single Child

Daily rate - \$7
Monthly rate - \$85
Yearly rate - \$725

Family (2 or more children)

Daily rate - \$11
Monthly rate - \$125
Yearly rate - \$1000

THOSE WHO QUALIFY FOR THE FREE AND REDUCED LUNCH PROGRAM

Single Child

Daily rate - \$1
Monthly rate \$10
Yearly rate - \$75

Family (2 or more children)

Daily rate - \$2
Monthly rate - \$20
Yearly rate - \$150

YOU MUST PROVIDE PROOF OF LUNCH STATUS IN ORDER TO RECEIVE DISCOUNTED MONTHLY TUITION.

PLEASE INDICATE WHICH DAYS YOUR CHILD WILL BE ATTENDING. Because of COVID restrictions and the limited number of children who are allowed to attend, all fees must be pre-paid. If fees are not paid by the first week of each month, your spot will be forfeited and given to a child on the waiting list.

My child will be attending the following days:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

ACES understands that schedules change and will do their best to accommodate those changes. Initial _____