



Director Use Only: Payment Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check/MO # \_\_\_\_\_



SACS Accredited



Heart of Florida United Way

# Registration Form

## CHILD INFORMATION: (Please Print)

**FAMILY PASSWORD**

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**Anticipated Enrollment Start Date**

Child's Last Name	First Name	Sex	Date of Birth	Grade
			____/____/____	2017/18 School Year
Child's Last Name	First Name	Sex	Date of Birth	Grade
			____/____/____	2017/18 School Year
Child's Last Name	First Name	Sex	Date of Birth	Grade
			____/____/____	2017/18 School Year

SCHOOL NAME: \_\_\_\_\_ PROGRAM:  Before Care  After Care  Both

ALLERGY/MEDICAL CONCERNS:  YES  NO (If yes, please list all applicable concerns on the attached page)

IS YOUR CHILD CURRENTLY IN AN ESE PROGRAM OR RECEIVING ANY SPECIAL SERVICES DURING THE REGULAR SCHOOL DAY?  YES  NO If you checked YES, you MUST complete a Special Needs Pre-Enrollment Application.

## PARENT/GUARDIAN INFORMATION:

CHILD LIVES WITH:  Both Parents  Mother  Father  Other \_\_\_\_\_

### MOTHER'S INFORMATION

NAME: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother permitted to pick up child?  Yes  No

### FATHER'S INFORMATION

NAME: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

Father's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Father permitted to pick up child?  Yes  No

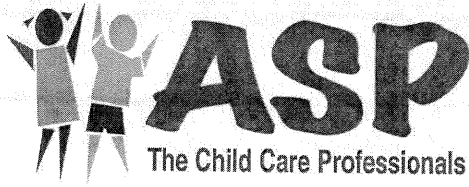
### Emergency Contacts:

Other persons authorized by the parent to pick up my child. If the parent cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the registering parent's responsibility to keep this list current.

	<u>Name</u>	<u>Cell Phone #</u>	<u>Home Phone #</u>	<u>Relationship to the child</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Registering Parent/Guardian SIGNATURE: \_\_\_\_\_

Registering Parent/Guardian PRINTED NAME: \_\_\_\_\_



# Discipline Policy

## THE CHILDREN ARE OUR FIRST PRIORITY

We believe that children learn from us. We are their role models. Children are forming habits, attitudes and patterns that will affect them throughout life.

We expect all employees to treat the children in a respectful manner and for the children in turn to respond in the same way. We also expect the children to show this same respect to each other and to use all equipment and facilities in an appropriate manner.

Children who are demonstrating inappropriate behavior will be redirected as a first intervention. For more serious infractions such as biting, fighting, improper language or for repeated infractions, the child will be sent to the Site Director for further discussion. If this does not resolve the problem, the parents will be contacted for assistance. Chronic misbehavior can result in dismissal from the program.

I have read and fully understand ASP's discipline policy.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I acknowledge that I have received a copy of the ASP Parent Handbook.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Media Release

**AUTHORIZATION FOR MEDIA RELEASE:** I understand that ASP, the Children's Council, and other grant funders, may use photographs and/or digital videos for use in local publications, advertisings, or any other related promotional medium. I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put.

I have read the above and hereby give my consent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Consent Form

I hereby give my consent to have my child participate in all activities at ASP. I give my permission to have my child taken to and from the school on various field trips by means of transportation used by ASP.

I also realize that ASP will not be responsible for any minor injuries that might occur during the normal school day (ex. Scratched knee, cuts, bruises, bites, etc.)

I have read the above and hereby give my consent.

Child/ren's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## Authorization for Emergency Medical Treatment

In case of any emergency, ASP will attempt to reach either parent or the Emergency Number given by the parent. If for any reason none of these parties are available, I authorize ASP to use and transport to, the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

Emergency Name: \_\_\_\_\_

First number to call when a parent cannot be reached!

Emergency Telephone #: \_\_\_\_\_

I have read the above and hereby give my consent.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Payment Policy

**PROGRAM FEE:** \$144.00 for after care only / \$72.00 for before care only / \$192.00 for both before and after care. Tuition is due along with a non-refundable registration fee of \$12.00 per child, made payable to ASP. There are also a limited number of scholarships available for families needing assistance.

**PAYMENT POLICY & PROCEDURES:** Payments will only be accepted at the site during the payment period. As per School Board Policy 3411, ALL PAYMENTS MUST BE MADE PRIOR TO THE START OF THE ATTENDANCE PERIOD. Payment must be made by check, money order, or through our automatic debit system. **Cash will not be accepted** and there are no refunds. If payment is made late, your child will be dropped from the program and may no longer attend. Your child will have to be re-registered, providing there is space available.

These fees are based on an annual tuition of services provided and are divided into equal payment periods for your convenience. The above schedule of fees will apply for children of all age levels according to the license age limits at your site.

**RETURNED CHECKS:** There is a returned check charge of \$25.00. All subsequent payments must be money order for the period of one year.

**LATE PICK-UP CHARGE:** A \$5.00 charge per child will be assessed for every 15 minutes or part of after 6:00 P.M. After 3 late pick-ups, we reserve the right to drop your child from our enrollment.

I acknowledge receipt of the Schedule of Fees to be paid by me for my child's attendance at ASP. I understand that in the event I fail to pay these charges timely and collection procedures are started or suit is initiated to collect unpaid charges, I will be responsible for all collection costs, 18% interest on the unpaid charges and a reasonable attorney's fee for counsel to ASP.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Allergy / Medical Conditions

**PLEASE FILL OUT FOR EACH CHILD**

Child's Name: \_\_\_\_\_

Allergies?  NO  YES If Yes, Please List: \_\_\_\_\_

Medical Conditions?  NO  YES If Yes, Please List: \_\_\_\_\_

Please list any other important information, or special services your child receives, that we should be aware of concerning your child: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Allergies?  NO  YES If Yes, Please List: \_\_\_\_\_

Medical Conditions?  NO  YES If Yes, Please List: \_\_\_\_\_

Please list any other important information, or special services your child receives, that we should be aware of concerning your child: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Allergies?  NO  YES If Yes, Please List: \_\_\_\_\_

Medical Conditions?  NO  YES If Yes, Please List: \_\_\_\_\_

Please list any other important information, or special services your child receives, that we should be aware of concerning your child: \_\_\_\_\_



**Office Use Only:**

◇ **New Form**

◇ **Updated Form as of** \_\_\_/\_\_\_/\_\_\_

**Monthly Charge = \$** \_\_\_\_\_

# Automatic Debit Form:

One way to ensure that your tuition is paid on time is our automatic debit service.

Every payment due date we will charge your Visa, MasterCard or Discover Card for the program your child is signed up for.

The charge will be for the upcoming 4 week period.

Child/ren's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Parent's Name (Name on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's best number to be reached at: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_