

BSAC



After School Registration Packet

Date Enrolled: _____

REGISTRATION FEE: \$30 PER INDIVIDUAL _____

(1) Child's First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____ Sex: M F

Grade: _____ School Attending: _____

Child lives with (Circle one): Mother Father Both Other

Before Care \$12 per week _____
6:30—7:30 am

After Care \$55 per week _____
Dismissal Time – 6:00pm

(2) Child's First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____ Sex: M F

Grade: _____ School Attending: _____

Child lives with (Circle one): Mother Father Both Other

Before Care \$12 per week _____
6:30—7:30 am

After Care \$55 per week _____
Dismissal Time – 6:00pm

(3) Child's First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____ Sex: M F

Grade: _____ School Attending: _____

Child lives with (Circle one): Mother Father Both Other

Before Care \$12 per week _____
6:30—7:30 am

After Care \$55 per week _____
Dismissal Time – 6:00pm

(4) Child's First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____ Sex: M F

Grade: _____ School Attending: _____

Child lives with (Circle one): Mother Father Both Other

Before Care \$12 per week _____
6:30—7:30 am

After Care \$55per week _____
Dismissal Time – 6:00pm

MEDICAL INFORMATION:

Preferred Physician: _____ Phone #: _____

Hospital: _____ Health Insurance: Yes or No

Carrier: _____ Policy #: _____ Group #: _____

Allergies/Medical Conditions: _____

Any Special Needs: _____

PARENT INFORMATION

Mother's First Name: _____ **Last Name:** _____

Employer: _____ Work #: _____

Cell phone #: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip code: _____

Father's First Name: _____ **Last Name:** _____

Employer: _____ Work #: _____

Cell phone #: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip code: _____

IF CHILD'S ADDRESS IS DIFFERENT THAN THE PARENTS' ADDRESS, PLEASE RECORD BELOW:

Address: _____ City: _____ State: _____ Zip code: _____

AUTHORIZED PICK UP AND EMERGENCY CONTACTS

Please complete the following form by providing individual authorized to pick up your child/children from BSAC. Remember to inform all listed individuals that they must present valid photo identification before BSAC will release your child(ren). Your child(ren) will be released **ONLY** to those on the list. Please remember to provide written authorization if there is a change in who is picking up your child. **Please be sure to include the parent(s)/guardian(s) names on the emergency card as well.**

CHILD(REN) NAME: _____

	NAME	RELATIONSHIP	PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

FINANCIAL AGREEMENT

I _____ am entering into a financial agreement with BSAC, and understand and agree to all the below terms and conditions;

1. **TUITION:** I understand that all tuition and fees will be automatically deducted from my financial account on the Wednesday prior to the week of attendance. If my balance is not paid IN FULL by the Wednesday before the week of attendance, my child(ren) will not be allowed to attend BSAC After School or any other BSAC program until it is paid in full, and I will forfeit my reserved spot.
2. **REFUNDS:** No refunds will be issued for absence regardless of reason, including: illness, vacation, or other causes.
3. **AUTHORIZED PICK-UP:** I understand that my child(ren) can only be picked up by individuals I have given written permission designated on my authorized emergency pick-up card. If a last minute change is needed, only written authorization from the parent will be accepted, NO EXCEPTIONS. All authorized persons must present a valid photo I.D. Furthermore, I understand that if I am late to pick-up my child(ren), I will be charged a fee of \$5.00 per 15 minutes/per child after the designated pick-up time (6:00 pm for After School).

Parent Signature

Date

GENERAL RELEASE & EMERGENCY MEDICAL TREATMENT AGREEMENT

I/We as parent(s) or legal guardian(s) for _____ (name of minor) (hereinafter referred to as "Student"), hereby give permission for Participant to participate in the BSAC's After School Program, and any and all activities associated therewith; to travel with a BSAC Staff Member, Chaperone, Coach, or Volunteer to or from BSAC activities that may involve risk of serious injury, including permanent disability and death. I/We further authorize any BSAC Staff Member, Chaperone, Coach, or Volunteer, in his/her discretion, to obtain medical or emergency treatment for participant.

In consideration for participation in the BSAC After School Program, I/We further, as parent(s) of Participant (a minor) on behalf of said Participant, as well as on behalf of myself/ourselves, hereby forever release, acquit, discharge and hold harmless BSAC, their officers, employees, agents, counselors, chaperones, coaches, helpers, aids, or assistants (hereinafter collectively referred to as "BSAC") of any and all liability, claims, actions, causes of actions, lawsuits, or rights or claims for damages, including but not limited to, claims for BSAC's own negligent acts or omissions, relating to or in any way arising out of Participant's participation in the BSAC After School Camp Program.

I/We understand that if my child should become ill or injured at BSAC, that BSAC, will (1) contact me immediately and (2) contact the person(s) I have designated if I cannot be reached. Should BSAC be unable to reach me and/or the person(s) designated, BSAC is authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I/We will accept all responsibility for payment of medical services rendered.

BSAC is a licensed childcare organization through the Department of Child and Family Services. All staff members are mandated reporters of child abuse. A report is to be filed when reasonable cause has been given to suspect a child is being abused or maltreated by a parent, guardian, custodian or other person legally responsible for the child.

I/We have read, understand, and agree to all the above terms and conditions and have entered into the same of My/Our own free will and accord.

Parent Signature

Date



For office use:
Payment start date: _____
Program: _____
Amount: \$ _____

AUTOMATIC PAYMENT AUTHORIZATION

By signing below, I authorize BSAC to automatically charge my Credit/Debit Card or Financial Banking Account for the weekly tuition. **WITHDRAWAL FORMS MUST be submitted IN WRITING to the Youth Development Director 15 days prior to your withdrawal date. REMINDER: There will be a \$15 fee for declined credit cards and a \$35 fee for returned checks.**

Please circle: VISA MASTERCARD DISCOVER E-CHECK AMERICAN EXPRESS

Name: _____

Phone #: _____ Cell Phone #: _____

Billing address: _____

City: _____ State: _____ Zip code: _____

Email address: _____

Credit/Debit Card #: _____ Exp. Date: _____

OR

Bank Routing #: _____ Bank Account #: _____

Bank Name: _____

I agree to all terms and conditions _____
Signature
Date

THIS FORM WILL BE SHREDDED AFTER ENTERED

GET TO KNOW MY CHILD

NAME:

MEDICAL CONDITIONS WE SHOULD KNOW ABOUT:

MY CHILD'S STRENGTHS ARE:

MY CHILD NEEDS EXTRA GUIDANCE WITH:

MY CHILD LEARNS BEST BY:

HOW BSAC CAN HELP MY CHILD: