

# After School Plus Summer 2019 Registration Application

Instructions: Please complete one form per family. The deposit is required to reserve your spot for the summer. Check, cash and credit/debit card payments are accepted.

<b>Child/ren Information</b>	<b>Parent Information</b>
Child's name: _____	Parent's names: _____
Rising grade: _____ School: _____	Mom cell: _____
Allergies: _____	Mom work: _____
Child's name: _____	Dad cell: _____
Rising grade: _____ School: _____	Dad work: _____
Allergies: _____	Parent e-mail: _____
Child's name: _____	_____
Rising grade: _____ School: _____	Address: _____
Allergies: _____	City: _____ Zip: _____

<b>Emergency Contact Information/Authorized to Pick-Up:</b>		
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Work number: _____	Work number: _____	Work number: _____
Cell number: _____	Cell number: _____	Cell number: _____

<b>Medical Information:</b>	
Physician: _____	Dentist: _____
Phone number: _____	Phone number: _____
Describe any physical conditions or concerns preventing your child's participation:	

**Method of Payment:**

Please choose the payment option and complete necessary information below.

Check       Credit/Debit       Bank Draft

**All families must have credit card information on file**

Payments by check are due on Friday for the upcoming week. If payment is not made by 2 pm Monday a late fee of \$25 will be charged.

Payments by credit/debit card will be processed on Friday for the upcoming week.

Name on card: \_\_\_\_\_

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

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_      3 digit security code: \_\_\_\_\_

Check all that apply-

One-Time Deposit:

One-Time Weekly Tuition:

On-going Weekly Tuition:

Payments by bank draft will be processed on Friday for the upcoming week.

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Check all that apply-

One-Time Deposit:

One-Time Weekly Tuition:

On-going Weekly Tuition:

		<b>Please mark the weeks your child/ren will attend.</b>		
		Childs name _____	Childs name _____	Childs name _____
WEEK 1	June 10 <sup>th</sup>			
WEEK 2	June 17 <sup>th</sup>			
WEEK 3	June 24 <sup>th</sup>			
WEEK 4	July 1 <sup>st</sup> (closed 4 <sup>th</sup> )			
WEEK 5	July 8 <sup>th</sup>			
WEEK 6	July 15 <sup>th</sup>			
WEEK 7	July 22 <sup>nd</sup>			
WEEK 8	July 29 <sup>th</sup>			
WEEK 9	August 5 <sup>th</sup>			
WEEK 10	August 12 <sup>th</sup>			
TUITION SUMMARY		# WEEKS @ \$175	# WEEKS @ \$165	# WEEKS @ \$165
DEPOSIT SUMMARY		# WEEKS @ \$20	# WEEKS @ \$15	#WEEKS @ \$15
<i>Weeks cannot be pro-rated. Minimum of 5 weeks required</i>				

**Release Statements: Please initial each statement**

I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization for my child.

I allow a representative of After School Plus to provide transportation to off-site field trips and activities.

I agree to pay the weekly tuition fee for the weeks indicated on page 2.

I understand After School Plus closes at 6 pm. After 6:15 a late fee of \$10 is due.

I give permission for my child to be photographed and understand images of my child may be used for promotional purposes including social media/internet.

I agree to pay any fee or bill associated with my child destroying or damaging property of After School Plus.

I understand After School Plus is not responsible for campers equipment & personal belongings. Personal items and electronic devices should not be brought to ASP. Cell phones are not permitted in camp.

I have read and understand the information provided above and agree to all of the policies and procedures listed herein.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Summer Extra-Curricular Activities: Additional fees apply**

I am interested in more information about-

Beginner group swimming lessons

Piano lessons

Tutoring

**Swimming/Water activities: 2<sup>nd</sup>-8<sup>th</sup> grades participate in swim/water related activities.**

Name of child: \_\_\_\_\_  
 Strong swimmer  
 Swim but needs help  
 Cannot swim in overhead water  
 Cannot swim

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## **Accident Waiver and Release**

I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that my child is physically fit and that he or she has no known physical defects that will cause serious injury or death from this activity. I acknowledge that this Accident Waiver and Release will be used by Everything After School, dba After School Plus in events which my child may participate.

In consideration of my application and permitting my child to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns, as well as my child and his or her executors, administrators, heirs, next of kin, successors, and assigns as follows:

- A) Waive, release and discharge from any and all liability AFTER SCHOOL PLUS (including directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers and event official (collectively "After School Plus agents") for my child's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to my child while at After School Plus or on an After School Plus field trip, except for any liability caused by gross negligence, recklessness, or intention acts of After School Plus or After School Plus agents.
- B) Indemnify and hold harmless the entities or persons mentioned in A) from any and all liabilities or claims made by other individuals or entities as a result of my child's action or any action during this event, except for any liability caused by the gross negligence, recklessness, or intention acts of After School Plus or After School Plus agents.

I hereby consent to my child receiving medical treatment, which may be deemed advisable in the event of injury, accident and or illness during this event.

The Accident Waiver and Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read and document and I understand its contents.

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

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

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

Parent's name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_