



ASP

The Child Care Professionals

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

Registration Form

FAMILY PASSWORD

Anticipated Enrollment Start Date

CHILD INFORMATION: (Please Print)

_____	_____	_____	____/____/____	_____
Child's Last Name	First Name	Sex	Date of Birth	Grade
_____	_____	_____	____/____/____	_____
Child's Last Name	First Name	Sex	Date of Birth	Grade
_____	_____	_____	____/____/____	_____
Child's Last Name	First Name	Sex	Date of Birth	Grade

SCHOOL NAME: Annunciation 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 set up meeting with Site Director prior to start.

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/Additional Authorized pick up:

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.

	Name	Cell Phone #	Home Phone #	Relationship to the child
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, advertisements, 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: \$164.00 (\$42 per week) for after care only / \$36 for a 3 day rate / \$15.00 drop in rate. 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. ALL PAYMENTS MUST BE MADE PRIOR TO THE START OF THE ATTENDANCE PERIOD. Payment must be made by check, money order, or with a credit card online. **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 and an additional registration fee will be charged, 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/credit card for the period of one year.

LATE PICK-UP CHARGE: A \$1.00 charge per minute per child will be assessed for every minute or 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: _____