



Alliance for Progress Charter School  
 Before School and After School Program  
 Registration Form  
 2011-2012



**Before and After School services will begin Monday, September 12, 2011.**

Space is limited and available on a first come first served basis!

*\*You will need to fill out ONE more additional form to complete the registration to the program.\**

Name of child(ren): \_\_\_\_\_ Grade: \_\_\_\_\_  
 \_\_\_\_\_ Grade: \_\_\_\_\_  
 \_\_\_\_\_ Grade: \_\_\_\_\_

Please check the appropriate box(es)

Before Care (7 - 8am)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
After Care (4 - 6pm)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Before Care ONLY**

Hours of Operation: 7:00 a.m. to 8:00 a.m.  
 Monthly Fee: \$35.00 a month for one child or \$60.00 a month for two children

**After Care ONLY (Pick up in the Lower School Building)**

Hours of Operation: 3:30 p.m. to 6:00 p.m.  
 Monthly Fee: \$60.00 a month for one child or \$110.00 a month for two children

**BOTH Before and After Care**

Monthly Fee: \$95.00 a month for one child or \$170.00 a month for two children

**Payment for the FIRST and LAST month are due at REGISTRATION.**



**Special Note:** Families with 2 or more children enrolled in the program will receive \$10 off for each additional child enrolled in the before and/or after care program.

Example: if you have 2 children in the Before Care program  
 1 child = \$35.00. The additional child will cost \$25.00 which equals a total of \$60.00 for the Before Care program for the month.

**Alliance for Progress Charter School**  
Program Agreement

**Financial Guidelines**

- **First and last month payments must be paid at registration.** Please attach a money order or cash for the full amount (payable to Alliance for Progress Charter School) to your registration form. No personal checks will be accepted.
- **Monthly fees are due by the 5<sup>th</sup> of each month.** If payment is not received by the 10<sup>th</sup> of the month, students will not be allowed to return to the program until full payment has been received.
- **The monthly fee is a flat rate and is non-refundable.**
- Any student not picked up by 6:00 pm will be charged a late fee of **\$1.00 per minute**. The payment must be made in cash at the time of pick-up. Failure to pay this fee will result in the termination of your child's participation in the after care program.

**Program**

- I authorize the before/after care program to receive a copy of my child's health assessment from the school nurse.
- Before care services for grades 3-7 will be provided at the Upper School Building & in the Lower School Building for grades K-2.
- Before Care includes breakfast.
- All students in AFTERCARE will receive a snack from 4:00-4:15pm.
- All students in AFTERCARE will attend a club from 4:15 – 5:00 pm. Clubs may include, but are not limited to art, literacy, strategic games, exercise, and computers. Please note all students will be given an opportunity to rotate through each club.
- All students in AFTERCARE will work on homework from 5:00 – 5:45 pm.
- The school will not accept responsibility and/or liability for any before care student(s) left on the premises before 7:00am and any after care student(s) not picked up after 6:00pm.

**Behavioral Guidelines**

- Students are expected to adhere to the posted school rules as well as before and after care rules. Misconduct of any students within the program will be subjected to possible suspension or termination from the program.

1 <sup>st</sup> offense	1 day suspension from the program
2 <sup>nd</sup> offense	3 day suspension from the program
3 <sup>rd</sup> offense	Termination of services (refunds will not be provided)

**In the case of an Emergency**

My child may be released to: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_

I have read, fully understand and agree to the terms of this agreement.

\_\_\_\_\_  
(Parent / Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Program Director Signature)

\_\_\_\_\_  
(Date)

# EMERGENCY CONTACT/PARENTAL CONSENT FORM

<b>CHILDS NAME</b>	<b>BIRTH DATE</b>
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ADDRESS

<b>MOTHER'S NAME/LEGAL GUARDIAN</b>	<b>HOME TELEPHONE NUMBER</b>
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ADDRESS	E-MAIL
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<b>BUSINESS NAME</b>	<b>OCCUPATION</b>	<b>BUSINESS TELEPHONE NUMBER</b>
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ADDRESS	CELL BEEPER
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<b>FATHER'S NAME/LEGAL GUARDIAN</b>	<b>HOME TELEPHONE NUMBER</b>
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ADDRESS	E-MAIL
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<b>BUSINESS NAME</b>	<b>OCCUPATION</b>	<b>BUSINESS TELEPHONE NUMBER</b>
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ADDRESS	CELL BEEPER
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EMERGENCY CONTACT PERSON (S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PERSON (S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILDS PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	

SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)
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MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS
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ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD

HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)
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**PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT**

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST – AID PROCEDURES
WALKS AND TRIPS	SWIMMING-WADING
TRANSPORTATION BY THE FACILITY	PHOTOGRAPHS

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN	DATE
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