

POCALLA SPRINGS

Afterschool C.A.R.E.S.

(Children's Afterschool Recreational Educational Services)

REGISTRATION FORM FOR 2016-2017 SCHOOL YEAR

Student's Last Name _____
First Name _____ (Nickname) _____
Date of Birth _____ (Age) _____ Grade ____ Teacher _____
Home Address _____
Home Phone # _____ Second # _____
E-mail: _____

Medical Release ___ My child is covered by health/accidental insurance. My child's physicians name and phone number is: _____

The insurance name and policy number is: _____

I have read or have had read to me the foregoing in its entirety and by placing my signature below do declare that I understand that any cost or injury resulting from participation in After CARES sponsored activities is my responsibility.

Signature Date

Special instructions (allergies, diet, medical, etc.): _____

Mother's Name _____	Work Place _____
Work Phone # _____	Cell # _____
Work Address _____	E-mail _____
Father's Name _____	Work Place _____
Work Phone # _____	Cell # _____
Work Address _____	E-mail _____

Payment Schedule - Payment is due the first day of attendance each week. A late payment charge of \$5 will be assessed for accounts not paid on the first day of attendance. Service will be denied for any child whose account is 3 days behind in payment. There are no exceptions to this policy. \$10.00 a day for the first child (\$50.00 a week) and \$5.00 a day for each additional child (\$25.00 a week). A \$20.00 non-refundable registration fee per school year per child is required and an application must be filled out. Please initial _____

(over)

Other Emergency Contacts (Alternates) - If parents cannot be contacted please call:

Name _____ Relationship _____

Home Phone # _____ Work Phone # _____

Name _____ Relationship _____

Home Phone # _____ Work Phone # _____

Name _____ Relationship _____

Home Phone # _____ Work Phone # _____

Attendance Schedule (please check one only):

Remember YOUR CHILD MUST BE PICKED UP BY 6:00 P.M. _____ Daily (every day of the week)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

___ Attend only with note (it is parent's responsibility to notify the teacher)

My child will attend beginning (date) _____

In case of early school closing due to inclement weather or emergency conditions all bus students will be sent home on their regular buses. If you live in an area not serviced by the buses you must make arrangements to have your child picked up immediately. Announcements are made on the radio when a decision is made to close school, so please listen to the radio when weather conditions are bad.

If school should close because of weather or any other reason, please have my child:

___ Go home on bus #: _____ ___ Ride home with: _____

I understand that Afterschool CARES will be available until 6:00 p.m. only, and I will make arrangements to have my child picked up no later than that time. A grace period to 6:05; after that there is a \$5.00 per minute fee.

In the event that parents or alternates listed on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the afore-said child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Registration Fee Paid \$ _____ # of Days Paid _____ Rec. # _____ Date _____ Initials _____