

# 2021-2022

## Before & After School Program

### Student Information

Child's Name (as is on school records):		Birthday:
Grade:	Teacher:	

### Student's Medical Information

**Allergies:** Food, Medication, bees, etc. Please write "none" on each line that doesn't apply.

Allergy	Medication Taken	Name & Dosage	Allergy	Medication Taken	Name & Dosage
	Yes   No			Yes   No	

**Chronic or recurrent illnesses, diseases and conditions:** (asthma, seizures, diabetes, etc.)

Illness/Condition	Medication Taken	Name & Dosage	Illness/Condition	Medication Taken	Name & Dosage
	Yes   No			Yes   No	

**Will any medication be given regularly during After School Program Hours?**

Yes \_\_\_ No \_\_\_

(If yes, please refer to the parent handbook on medication procedures and discuss how to administer the medication with the School Nurse and Director.)

**\*\*What should be done if your child has a problem related to her/his medical condition during the After-School Program:**

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# Parent/Guardian Information

Name:	
Address:	
City/State	
Preferred Phone #	Secondary Phone #
E-mail:	

Name:	
Address:	
City/State	
Preferred Phone #	Secondary Phone #
E-mail:	

## Emergency Contact and Sign-Out Information:

Besides parents/guardians, the following people have your permission to sign-out your child and be used as emergency contacts.

They **must show identification** to pick up your child!!!  
(Jr. High & High school identification is acceptable)

**\*\*\*Please list at least two individuals that do not reside at the same address as the child\*\*\***

Name:	Relationship to Child:	Preferred Phone #	Secondary Phone #

# Authorization/Agreements

Please initial by each statement, indicating your agreement

- **Emergency Medical Treatment**

As a parent/legal guardian I give consent to have my student receive emergency first aid by program staff, and if necessary, be transported by an ambulance to receive emergency care. I give consent for the emergency contact listed on my registration form to act on my behalf until I am available. I agree to review and update this information when a change occurs.

Parent/Legal Guardian Initial: \_\_\_\_\_

- **Transportation Release**

As a parent/legal guardian I give consent to have my student leave the program premises for offsite activities. I understand there may be walking field trips, or the program will provide transportation for my student.

Parent/Legal Guardian Initial: \_\_\_\_\_

- **Photo and Media Release**

As a parent/legal guardian I give the Hill Field Before and After School Program permission to use photographs taken during the program time for use in different media formats to communicate with the community and other stakeholders.

Parent/Legal Guardian Initial: \_\_\_\_\_

- **Permission to Watch G-/PG rated movies**

As a parent/ legal guardian I give the Hill Field Before and After School Program permission to watch G-PG rated movies on designated Movie Activity Days. Both Recreational and educational movies rated G or PG can be shown to my student under the supervision of the Afterschool Program Staff.

Parent/ Legal Guardian Initial: \_\_\_\_\_

This is to certify that the information listed on the registration form and the health information has been completed to the best of my knowledge and that my child is in good health and free of disabilities that would endanger him/her or other children. I give permission for my student to attend the Hill Field Before and After School Program. I release the program from any and all liability from my student participating the program. I understand that it is my responsibility to arrange for transportation for my student after the program ends, daily at a specified time. I understand there are late fees that apply if I am late picking up my student at the end of the day. I support efforts of the out of school time program in caring for my student. I understand that my student must abide by all behavior standards, as set by the Hill Field Before and After School Program. I have read and understand the policies and procedures for the Hill Field Before and After School Program and agree to abide by those as stated.

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

Date: \_\_\_\_\_

## Financial/ Attendance Agreement

Services:	Time:	Monthly Tuition:	Initial Next to all that apply
Mandatory Yearly Registration Fee	--	<b>\$50</b>	
Extended Before School Program Care	6:30am to 7:00am	<b>\$25</b>	
Before School Program Care	7:00am to 8:30am	<b>\$50</b>	
After School Program Care (Mon.-Thurs)  (Fridays)	3:30pm to 5:30pm  1:30pm to 5:30 pm	<b>\$100</b>	
Extended After School Program Care	5:30pm to 6:00pm	<b>\$25</b>	

**1. Non-refundable registration fee** of \$50.00  
(Due at time of registration)

**2. Tuition** is due by the **10<sup>th</sup>** of each month.  
\*If it is paid late, a **\$10.00 late fee** will be added  
per child, per week

**3. LATE PICK-UP FEES: \$10.00** late pick-up fee.

**4.** If your child is **suspended** from the program for unacceptable behavior  
tuition will **not** be reimbursed.

**5. Extra Fees:** Throughout the school year there will be additional fees for  
field trips, Extravaganza, service projects, etc.  
Please be sure to read our monthly newsletter so you are aware of these  
fees

I have read and understand the above financial/attendance agreement  
and agree to comply with these policies.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_