

**Falls Lake Academy After School Time (FAST)  
20\_\_ -20\_\_ Registration Form**

Please print clearly. **FAST is available to all students. Space is limited.**

<b>Child's Name</b> _____	<b>Grade</b> _____	<b>Age</b> _____
<b>Address</b> _____		
<b>City</b> _____	<b>Zip code</b> _____	<b>Birth Date</b> _____ <b>Gender</b> _____
<b>Parent or Guardian's Name</b> _____		<b>Relationship</b> _____
<b>Phone #</b> _____	<b>Email</b> _____	
<b>Parent or Guardian's Name</b> _____		<b>Relationship</b> _____
<b>Phone #</b> _____	<b>Email</b> _____	
<b>Resides with:</b> <b>Both Parents</b> <b>Mother Only</b> <b>Father Only</b> <b>Other</b> _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

<b>Emergency Contact: Authorized to act for parent in the event of emergency.</b>	
<b>(1) Name</b> _____	<b>Phone #</b> _____
<b>Relationship</b> _____	<b>Alternate #</b> _____
<b>(2) Name</b> _____	<b>Phone #</b> _____
<b>Relationship</b> _____	<b>Alternate #</b> _____

<b>Who is authorized to pick up child up from FAST?</b>	
<b>(1) Name</b> _____	<b>Phone #</b> _____
<b>(2) Name</b> _____	<b>Phone #</b> _____
<b>(3) Name</b> _____	<b>Phone #</b> _____
<b>(4) Name</b> _____	<b>Phone #</b> _____

**Please select one of the following:**

My child will attend FAST 5 days a week \_\_\_\_\_

My child will attend FAST 3 days a week \_\_\_\_\_ Circle days attending: M T W T F

My child will attend FAST 2 days a week \_\_\_\_\_ Circle days attending: M T W T F

continue on back...

**Please list any food allergies FAST should be aware of:**

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**What illness/conditions does your child have that FAST should know about?**

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**Please list current medication(s) your child is on that may need to be administered during FAST (must be listed on the child's MEDICAL AUTHORIZATION):**

(1) \_\_\_\_\_ **Time of Administration** \_\_\_\_\_

(2) \_\_\_\_\_ **Time of Administration** \_\_\_\_\_

### **PERMISSIONS/ACKNOWLEDGEMENTS**

Please initial each statement:

\_\_\_\_\_ I grant permission to FAST to photograph my child during the current school year. FAST may use the \_\_\_\_\_ photos on the Falls Lake Academy website and in other promotional publications and/or websites. My child \_\_\_\_\_ will not be identified by name in any publication without my permission.

\_\_\_\_\_ I understand that I am financially responsible for any FAST/FLA property lost or damaged by my child.

\_\_\_\_\_ I understand that all policies in the Falls Lake Academy Student Handbook also apply at the FAST program. If my child consistently struggles with following FAST rules, my child may be suspended or kicked out of

FAST for the remainder of the school year. See below for **Disciplinary consequences:**

**1<sup>st</sup> Offense = Warning**

**2<sup>nd</sup> Offense = Contact Parent and Noted in Jupiter**

**3<sup>rd</sup> Offense = 1 Day suspension from FAST**

**4<sup>th</sup> Offense = Child will no longer be allowed back in our FAST program for the current school year**

\_\_\_\_\_ I agree not to hold FAST responsible for injuries or accidents in connection with activities. I authorize

FAST employees to administer first aid in case of injury.

\_\_\_\_\_ I agree not to hold FAST responsible for damage or theft of my child's belongings.

\_\_\_\_\_ **I understand there will be a late fee of \$1 per minute for every minute my child remains after the posted closing time.**

\_\_\_\_\_ **I will provide a snack for my child on days he/she attends FAST.**

\_\_\_\_\_ **All payments to FAST are non-refundable.**

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Parent Signature

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Date

**Please describe your child on the back of this sheet, including interests and hobbies as well as any potential issues your child might experience while transitioning into FAST afterschool.**