



Application for ASK or SFC

ASK: After School for Kids

SFC: Summer Fun Club



Child Name: _____ Date of Application: _____

Birthday: _____ Classroom Teacher: _____

Name of Parents/ Guardians

Primary

Name: _____

Address: _____

Cell Phone: _____

Place of Employment: _____

Work Phone Number: _____

Email: _____

Secondary

Name: _____

Address: _____

Cell Phone: _____

Place of Employment: _____

Work Phone Number: _____

Email: _____

Other person or persons to notify if the parent cannot be reached

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Medical

Child Physician: _____ Phone Number: _____

Does your child have any allergies? If yes please

list: _____

Does your child have any medical conditions that we need to know about? If yes please

list: _____

Medical Emergency Care

This authorizes After School Kids staff and Summer Fun Club staff to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement. _____ is the preferred doctor/clinic/hospital.

Parent/Guardian Signature

Date

**** SFC- If your child is not in Hillsboro school district you will need to get a copy of their physical and shot records for our program.*

Persons Picking up your Child (Please free to add more names if needed on the back of the paper.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Trips, Excursions, and Public Park Facilities

I/we authorize After School for Kids and Summer Fun Club staff to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger on the school bus or school van driven by an authorized person.

Parent/Guardian Signature

Date

By signing below, I acknowledge that I have received, read, and understand the After School for Kids (ASK) and Summer Fun Club (SFC) Handbook. I agree to follow the policies and procedures outlined within. Please initial each statement.

_____ I have read and understand the Late Pick-Up Policy.

_____ I have read and understand the Tuition and Fee Policy, including payment amounts, due dates, and accepted payment methods.

_____ I have read and understand the Behavior and Dismissal Policy.

_____ I understand that it is my responsibility to ask questions if I need clarification regarding any policy.

Parents/ Guardian Name Printed: _____

Parent/Guardian Signature

Date

