

**After School at All Saints
Registration Agreement**

Please read, sign and date contract. A copy of the signed agreement is available to you upon request.

I have read and agree to comply with policies stated in the Parent Handbook. I understand that failure to comply with these policies can result in termination of services.

I recognize that a registration fee of \$25 has been approved by the After School at All Saints Advisory Board for 2011-2012 and is payable at this time.

I recognize that the After School at All Saints Advisory Board has approved the following fee structure for 2011-2012.

The weekly charge for full time attendance for one After School student is \$50 regardless of the number of days in attendance for the week. This charge includes extended care attendance for Teacher Duty Days and Federal Holidays except Labor Day. Returning students will be granted 5 days absence without fee for illness or holiday. A discount of \$5 is given for each additional enrolled family child attending full time.

The daily charge for part-time enrollment is \$15 per day. Part time enrollment must be for a minimum of two days per week and the days must be the same each week. The only discount given for part time attendance is for ASLC members.

The daily charge for Drop-In Extended Day Care only is \$25. School Break days (Thanksgiving, Winter and Spring) is \$25/day and is a non-refundable fee required 30 days in advance of the Break. Arrangements can be made for full time students to pay these fees over the school year (\$60/week instead of \$50/week).

Transportation from after school activities is available for a charge of \$5/each pickup each week.

The Coordinator will compute additional discounts and fees available to full time students. These may include:

- A discount of 10% is given to families who are members of All Saints Lutheran Church.
- **A late pick-up fee of \$1.00 is charged for each 1-minute period after 5:45 PM**
- If payment is not received by the first day of attendance each week, a \$10 late fee will be assessed.
- A \$25.00 penalty is charged for returned checks.

I have read and understand the discipline practices used at After School at All Saints.

I agree and acknowledge that all the information furnished by me to After School at All Saints is true and accurate to the best of my knowledge:

Child's Name: _____

**Parent/Guardian
Signature:** _____ **Date:** _____

**After School at All Saints
Registration Form**

Name: _____ Nickname: _____

DOB: ___/___/___ Grade: _____ Teacher: _____

Residence Address: _____ Email: _____

City State Zip _____ City State Zip _____

Home Phone: _____ Cell Number: _____

Enrolling for After School and Extended Care: _____ Part Time Days M T W Th F

Extended Care Drop - In only _____ School Breaks Thanksgiving Winter Spring

Parent/Guardian Information

Mother's Name: _____ Phone _____

Place of Employment: _____ Phone _____

Father's Name _____ Phone _____

Place of Employment _____ Phone _____

Does the child live with both parents? Yes No

If no, who has legal custody? _____

Are there any other siblings in this program? Yes No

If yes, please list _____

Any problems we should be aware of? Yes No

If yes, please explain: _____

Person to contact in case of Emergency: (please list at least two contacts)

Name: _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Parent/Guardian Signature: _____ Date: _____

AS-ASL-02
(4/2011)

**After School at All Saints
Emergency Medical Authorization**

Student's Name: _____ DOB: ___/___/___ SSN# _____

Parent/Guardian Name: _____ Emergency Phone: _____

Physician's Name _____ Phone _____

Insurance Carrier: _____ Policy #: _____

(Attach copy of Insurance Card)

Is this your primary carrier? Yes No

If no, please list primary: _____ Policy #: _____

Any allergies? Yes No If yes, please explain: _____

Any Medications? Yes No If yes, please explain: _____

Any other conditions we should be aware of? Yes No

If yes, please list: _____

By signing this release you are giving permission for the After School at All Saints Personnel to seek qualified medical attention in the event of an emergency if a parent/guardian cannot be contacted.

Signature of Parent/Guardian Date

AS-ASL-03
(4/2011)

**After School at All Saints
Release Form**

Please list the name of your child(ren) below:

Child's Name _____

Child's Name _____

Child's Name _____

I hereby authorize the release of my child(ren) to the following individuals:

Name Relationship Phone

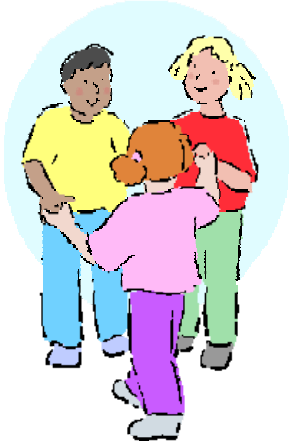
Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

- **I understand that my child(ren) will not be released to any person(s) not listed on this form.**
- **I understand that it is my responsibility to notify each person listed above that a picture I.D. is required to pick up a child.**

Signature of Parent/Guardian Date



After School At All Saints Lutheran

VIDEO VIEWING PERMISSION

On our extended day, <date>, we will have available for the After Schoolers the videos listed below.

In order to ensure that your guidelines are met for your child, please fill out the following form acknowledging your preference. Be assured that we will NEVER show an R rated video.

STUDENT'S NAME: _____

I am the parent or legal guardian of the child named above. I give my permission for my child to view the following video(s):

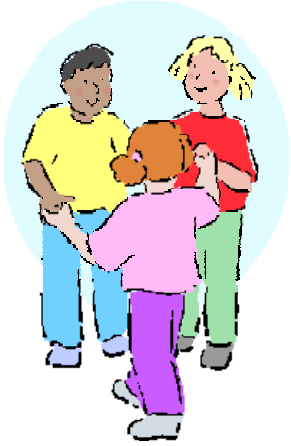
(Please check the appropriate box below :)

() **Rating: G**

() **Rating: PG**

Signature of Parent/Guardian: _____ **Date:** _____

Comments or Stipulations:



After School At All Saints Lutheran

[Photo Permission](#)

STUDENT RELEASE FORM

The After School at All Saints website is a tool to communicate with the congregation, prospective students and their parents/guardians, and the larger community. To enhance this experience we use photos to show student involvement in various activities.

In order for students' images to appear on the After School at All Saints website, we need to obtain parental permission. Please fill out the following form acknowledging your preference.

STUDENT'S NAME: _____

I am the parent or legal guardian of the child named above. I understand the possible publication of my child's image on the After School at All Saints website and agree to the following:

(Please check the appropriate box below:)

- () **I DO** give permission to the After School program to include my child's image on the website.
- () **I DO NOT** give permission for my child's image to appear on the After School at All Saints website.

Signature of Parent/Guardian: _____

Date: _____

Comments or Stipulations:

ALL SAINTS LUTHERAN CHURCH
751 Dunlawton Avenue
Port Orange, Florida 32127-9224
(386) 761-9129 Fax (386) 761-3322

Release Wavier of Liability Agreement

NAME OF STUDENT (PRINT) _____ DATE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

INSURANCE WAIVER

I, the undersigned parent or guardian, in consideration of the above-named person being allowed to participate in the AFTER SCHOOL AT ALL SAINTS program, **HEREBY**

RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO USE, the staff and chaperons, all for the purposes herein referred as "release". From all liability to the above-named person and/or undersigned, for any and all loss, injury, or damage, and any actions, claims, demands, damages, costs, or expenses therefore, which the above-named person to indemnify the release or any one of them from any loss, damage or injury may incur which the above-named person is a participant.

MEDICAL WAIVER

I, the undersigned, on behalf of the above-named person, assume the risk, of bodily injury while the above-named person is participating in the AFTER SCHOOL AT ALL SAINTS program I further authorize the staff and chaperones to obtain, through a physician of their own choice, any emergency care that may become reasonably necessary for the above-named person in the course of the program. I further hereby state that I carry insurance which will cover any medical expenses related to injuries sustained as a result of the above-named person's participation in the after school program.

INSURANCE COMPANY NAME _____ POLICY
NUMBER _____

I further authorize the attending physician/hospital to render any emergency care that is reasonable necessary for above-named person.

Signature of Parent/Guardian **Date**

Add Wednesday's Together form - see www.allsaintslutheranchurch.org