

# ACADEMIR CHARTER SCHOOLS



**OFFICE ONLY**

- Before-Care
- Mini Care
- After-Care
- Before & After Care

AcadeMir Charter Schools, Inc.  
**Before/Mini/Aftercare Registration Form**  
 ((PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD))

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
 \_\_\_\_\_ City State Zip

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Allergies/Food Allergy: \_\_\_\_\_ Chronic Illness/Medications: \_\_\_\_\_

Grade: \_\_\_\_\_ School dismissal: (Please Circle) 2:30pm 3:30pm

Classroom Teacher's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Sign-Out Information:**

Safety is top priority in the program, therefore no child enrolled will be released from the afterschool program without a parent/guardian signature or that of one of the three individuals listed below. (Note: The names that appear below must be of someone 16 years or older.)

<b>Name</b>		<b>Phone</b>		<b>Relationship</b>	
<b>Name</b>		<b>Phone</b>		<b>Relationship</b>	
<b>Name</b>		<b>Phone</b>		<b>Relationship</b>	

**Emergency Procedures**

In the event of an emergency, please list two people we may contact who know your child and can take full responsibility should you not be available.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **Parent/Guardian Consent for Photographs and Internet Use**

I give my consent to AcadeMir Charter Schools Inc., Afterschool Program to photograph my child and to use such pictures and/or stories in connection with any of the his/her work without consideration of compensation of any kind, and I do release AcadeMir Charter School Inc., and the schools Afterschool Program from any claims whatsoever which may arise in said regards.

Yes       No

I give my consent to AcadeMir Charter School Charter Schools Inc., Afterschool Program to allow my child to use the internet under the supervision of the After School Program staff.

Yes       No

## **Payments, Fees and Emergency Regulations**

Program fees are due in advance a week prior to each month. The Afterschool Program does not provide invoices or fee reminders. There will be no refund for illness or pro-rating for absenteeism. Late payment fee is \$25.00 from the 1<sup>st</sup> -5<sup>th</sup> and \$35 from the 5<sup>th</sup> on. It is also our policy to charge \$1.00 per minute past closing time, which is 6:00 PM. In the event of excessive tardiness (i.e. 3 late pick-ups) or payments not being made on time, your child may be not allowed back in the program.

In case of an emergency injury or illness, I authorize the Afterschool Program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the school representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

The program is not responsible for the loss of any personal items. **I have read and understand the above information and the handbook.**

(Parent/Guardian Signature) \_\_\_\_\_

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## **SITE DIRECTOR USE ONLY**

Date Application Received: \_\_\_\_\_

First Day of Enrollment: \_\_\_\_\_

Student I.D. # \_\_\_\_\_

Received by: \_\_\_\_\_

Notes:

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