



# A+ 2008 SUMMER REGISTRATION FORM

Last Grade Completed in School \_\_\_\_\_

**(Those who are 4 years, 9 months through completed kindergarten must submit immunization records.)**

Child's Name \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

If you would **NOT** like to receive your A+ invoice by email, please check here: \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name, address, and phone number of person who would assume responsibility for your child in an emergency. This will be used only when we are unable to get in touch with you.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Are there any medical problems or allergies that we should be made aware of? If yes, please list:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

The undersigned parent(s)/guardian(s) having legal custody or control of a minor, grant emergency permission for any emergency treatment and hospital services that may be rendered to said minor under the general or specific direction of Dr. \_\_\_\_\_ or any hospital emergency department physician.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

If the parents are divorced, is there joint custody of the child?

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

If yes, please include the name and phone number of the other parent.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Do both parents have the authority to pick up the child?

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

If not, A+ needs to have a copy of the pertinent court documents on file.

**NOTE: PROBLEMS BETWEEN EX-SPOUSES ARE NOT THE RESPONSIBILITY OF A+. IT IS THE PARENT'S RESPONSIBILITY TO COMMUNICATE WITH ONE ANOTHER. WE WILL NOT BE PUT IN THE MIDDLE. FAILURE TO RESOLVE COMMUNICATION PROBLEMS WILL RESULT IN TERMINATION OF SERVICES WITH NO REFUND. THIS INCLUDES PAYMENT FOR CHILD CARE!**

Other pertinent information:

**Departure from A+**

(Please check all that apply)

I choose for my child to:

\_\_\_\_\_ (1) Walk

\_\_\_\_\_ (2) Ride TART

\_\_\_\_\_ (3) Be picked up by parent or designated adult.

If designated adult, please give us the following:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

I understand that any change in the agreement must be made in writing.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## ADMISSION AGREEMENT

**I have read all A+ policies, procedures, and financial agreements, and I agree to abide by the stated policies.**

**Signed** \_\_\_\_\_

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

### SUMMER A+ FEES

Session I (7:30 a.m.-10:00 a.m.)	\$5.00 per child per day (Drop-in fee \$7.00)
Session II (2:00 p.m.-5:30 p.m.)	\$7.00 per child per day (Drop-in fee \$900)

### PURCHASE OPTIONS

When sending your child to A+, you have two payment options. They are as follows:

#### **Regular Attendance Option-**

Those who choose to send their children four or more sessions per month will be billed at the end of the month for only the sessions used. If you look above under “Summer A+ fees”, you will see the designation of a session. A typical day at A+ consists of two sessions. Session I begins at 7:30 a.m. and ends at 10:00 a.m. Big A is held from 10:00 a.m.-2:00 p.m. Session II begins at 2:00 p.m. and ends at 5:30 p.m.

#### **Drop-In Payment Option-**

In order to qualify for this option, you must have all A+ paperwork done ahead of time. We ask that you notify us on the day that your child needs to attend. You may drop-in on that day. **You must be prepared to pay when you drop-off your child. There will be no billing.** The drop-in rate will be \$2.00 more than the posted A+ rates.

### LATE DEPARTURE CHARGE

It is imperative that all parents pick up their children prior to the 5:30 p.m. closing time. **At 5:35 p.m. the charge will be \$1.00 per minute and is due at time of pick-up.** A parent’s chronic lateness will result in a termination of services.

**ATTENDANCE AGREEMENT  
(REQUIRED BY THE DEPARTMENT OF SOCIAL SERVICES)**

**PAYMENT OPTIONS-**

\_\_\_\_\_ **REGULAR ATTENDANCE PAYMENT OPTION-  
(PURCHASE OF 4 VISITS FOR ONE CALENDAR  
MONTH.)**

\_\_\_\_\_ **DROP-IN OPTION- (PAPER WORK COMPLETED,  
PAYMENT MADE AT DROP-OFF OR PICK-UP. COSTS  
\$2..00 MORE THAN THE SCHEDULED FEE.)**

\_\_\_\_\_ will be attending A+ on the following days:  
(Child's Name)

Please circle:        Tues.   Wed.   Thurs.   Fri.

My child has completed the \_\_\_\_\_ grade.

**ADMISSION AGREEMENT**

I have read all A+ policies, procedures, and financial agreements, and I agree to abide by the stated policies. Any modifications to this original agreement shall be noted, changed, and signed by the child's authorized representative.

Signed \_\_\_\_\_

Child's Authorized Representative

Date \_\_\_\_\_

Signed \_\_\_\_\_

Director of the A+ Program

Date \_\_\_\_\_

The original copy is to be maintained by the A+ Program. A photocopy will be given to the child's authorized representative.

This agreement must be signed no later than 7 days following admission to the program.