



A+ 2009 SUMMER REGISTRATION FORM

Last Grade Completed in School _____

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

Updated 4/9/09

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
Session II (2:00 p.m.-5:30 p.m.)	\$7.00 per child per day

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)**

_____ 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.