

**RH District**

Student's Name \_\_\_\_\_ Gender: Male  Female  Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade (2018-19) \_\_\_\_\_ School \_\_\_\_\_ Teacher (2018-19) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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

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

Other family members enrolled in the Before and/or After School Program: \_\_\_\_\_

**The following people are APPROVED (in addition to parents listed above) to pick up my child:**

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

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

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

**The following people are NOT APPROVED to pick up my child: (May require legal documentation)**

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

\_\_\_\_\_ (student's name) has my permission to participate in the Before and/or After School Program and photos of him/her may be used on Community Ed social media pages for educational purposes only. It is understood that all care, caution and supervision possible will be provided to all participants. However, the undersigned agrees to the following regarding the above named child, as situations arise:

- Authorize a Community Education employee or instructor to consent to an examination, x-ray, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care which is deemed advisable by, and is rendered under the general or special supervision of a licensed physician or surgeon of the nearest licensed hospital.
- Do hereby release the Bryan County Board of Education and the Community Education staff from liability for any consent given or treatment of said student.
- Do allow the exchange of educational records and/or information by the school to and from Community Education for planning and provision of necessary support.
- Do authorize my child to participate in field trips during which these previous authorizations will apply.

Health comments \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

My child has an allergy to the following food \_\_\_\_\_ Medication Allergies \_\_\_\_\_

My child is currently taking the following medications \_\_\_\_\_

***Inclement Weather Information***

*In case of inclement weather or emergency and Bryan County Schools are closed, the Before and After School Program will also be closed.  
In case of inclement weather or an emergency during program hours, students should be picked up by parents as soon as possible.*

**Student will be enrolled in the Before and/or After School Program for (check one):**

Full week Before School **ONLY** - \$30/week  Full week Before **AND** After School - \$60/week

Full week After School - \$45/week  Three days/week After School - \$45/week

Two days/week After School - \$30/week  One day/week After School - \$15 per week  Three days/month - \$45/month

**Students attending EXTRA days will be charged \$15 per day. (Payment due before attending.)**

**NOTE: PAYMENT DUE EVERY FRIDAY BEFORE ATTENDING. (Monthly payments due first Friday of each month.)**

**Check day(s) attending:**  Monday  Tuesday  Wednesday  Thursday  Friday  Days may vary

**Starting date:** \_\_\_\_\_ (Payment for ASP enrollment begins on this date.)

**NOTE:** There is a non-refundable \$25 yearly registration fee per child. This fee should be paid with the initial payment. Return completed form to the Community Education Office, 120 Constitution Way, Richmond Hill, GA 31324 or fax to 912-756-2638.

Date received in the Community Education Office \_\_\_\_\_ Time \_\_\_\_\_ Amount Paid \_\_\_\_\_

## **Before/After School Program Parent/Legal Guardian Agreement:**

- I agree and understand that the Before School/After School Program is a fee-based program and that tuition is due the prior week before the student attends the Program. (Three-day per month students may pay monthly.)
- I understand and agree that tuition due the Before/After School Program is due every week that the Before/After School Program is in session, regardless of attendance. Missed attendance does not exempt parents/legal guardians from the weekly fee. (Three-day per month students may pay monthly.)
- I understand and agree that any change in the schedule of attendance to the Before/After School Program must be in writing to the Community Education Office at 120 Constitution Way, Richmond Hill, GA.
- I understand and agree that changes to the authorized pick-up list must be made by the parent or guardian initially registering the student(s).
- I understand and agree that late payments will be assessed a late fee of \$10 when paid later than Tuesday at 6:00 p.m.
- A late fee will also be assessed for pick-ups later than 6:30 p.m. each day After School is in session.

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Parent or Legal Guardian Signature

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Date