

LPS 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 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 After School Program and photos of him/her may be used on Community Education 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 medical staff 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 _____

Insurance Company Name _____ Policy Number _____

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 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 LPS After School Program for (check one):

Full week - \$45 per week Three days/week - \$45 per week Two days/week - \$30 per week

One day/week - \$15 per week Three days/month - \$45 due per month

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

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.)

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 _____

After School Program Parent/Legal Guardian Agreement:

- I agree and understand that the 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 After School Program is due every week that the 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 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.

Parent or Legal Guardian Signature

Date